



Nisga'a Lisims Government

T 250 633 3000 / F 250 633 2367
TF 1 866 633 0888
PO Box 231 / 2000 Lisims Dr
New Aiyansh BC / Canada V0J 1A0
NISGAANATION.CA

CONSENT TO DISCLOSURE OF INFORMATION

Protected (When completed)

To be handled by authorized personnel only.

Administering Authority

[ ] Gitlaxt'aamiks

[ ] Gitwinksihlkw

[ ] Laxgalts'ap

[ ] Gingolx

Part A Organization and/or department name

Organization or Department Name

Mailing Address

Contact Name:

Email Address or Fax #

Part B (To be completed by applicant, please print clearly)

I, \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN : \_\_\_\_/\_\_\_\_/\_\_\_\_
Y M D

of (address) \_\_\_\_\_

authorize the release of information relevant to my application for Social Assistance to the above noted Administrative Authority

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Part C I consent to the disclosure of:

- [ ] Payroll (dates and amounts of payroll for the most recent 30 days)
[ ] Social Assistance/Income Assistance File (open/active/date and amount of last cheque and Disability Designation if applicable)
[ ] Other: (specify)
[ ] Other: (specify)

PART D This consent is:

- [ ] One time only or,
[ ] Continuing (one year validity if consent is for the purpose of determining eligibility for social assistance)

Signature of Administering Authority

Date

Requested by:

Position / Title:

Signature of Person Giving Consent

Date

Witnessed by

Date

