Northwest Territories

Income Security Programs

THIRD PARTY CONSENT FOR THE RELEASE OF INFORMATION

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

APPLICANT INFORMATION (please print)

Last Name		First Name
Middle Name(s)		Previous Last Name(s)
Street Address		City/Community , NT
Mailing Address (if different than above)		
Apartment Number	Postal Code	Telephone (Home) ( )
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Case Number

TYPE OF INFORMATION REQUESTED FOR RELEASE

RELEASE INFORMATION to:

Last Name	First Name
Position	Company/Agency

DECLARATION

I hereby consent to the release of the information referred to above by the Department of Education, Culture and Employment, Government of the Northwest Territories. No other Company/Agency will be given this information without my further written consent and this information will be used only as stated above.

x _____ Applicant's Signature | Date - YY/MM/DD

x _____ Witness' Signature | Date - YY/MM/DD

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations.* The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.