



Consent to Communicate Personal Information to an Authorized Person

This form allows you to name/authorize a person (such as your spouse/partner, other family member, friend or Member of Parliament) to communicate on your behalf with Indigenous Services Canada (ISC) regarding your personal information under our responsibility. This will allow the Department to lawfully communicate your personal information on file to this authorized person. **It does not provide authority** for the person to apply or make changes to your information unless expressly stated herein.

CONSENTING PERSON: Section 1: Your Consent (You must complete and sign this section)

Given Name Initial Surname

Date of Birth Registration Number (If Applicable)

I hereby give my consent for ISC to communicate personal information about me to the authorized person, named in Section 2, concerning (Please Provide Specific Details)

I hereby give my consent for ISC to act on information received from the authorized person, named in Section 2, with respect to (Please provide specific details)

This consent *does not* provide authority for the authorized person to receive any other personal information or for the Department to act on any information/direction provided by the identified person **that is not described herein**. I understand this consent remains valid unless I cancel it in writing and that it is only deemed valid if ISC receives consent within one year from the date I sign it. I also understand that this consent is revoked in the event of my death, and/or if I become incapacitated.

Consenting Person Signature

Date (YYYY-MM-DD)

AUTHORIZED PERSON Section 2: The person you would like us to communicate with must complete and sign this section

Relationship to Client/Consenting Person providing consent: _____

Given Name Initial Surname

Telephone number: Work _____ Other _____

Complete mailing address: (Street number, Suite number, City, Province, Postal Code, Country)

I understand that I can communicate with Indigenous Services Canada (ISC) and I am authorized to receive personal information on behalf of the person providing consent regarding the information as described in section 1 only. I also understand that **I do not have the authority** to receive, request action be taken or make any other inquiries with respect to any other information/personal information that is not described herein.

Authorized Person Signature

Date (YYYY-MM-DD)

Protection of your personal information: The Department is unable to disclose or grant access to your personal information to any individual without your written consent, except as authorized pursuant to ss.8(2) of the *Privacy Act* (<http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>).