



AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL / COMPANY

Complete this form if you authorize Lake Babine Nation Indian Registration Administrator(s) to release information from your available files to someone other than yourself.

If your spouse or common-law partner wishes to release personal information to the same designated individual/company, they should sign in the space provided. Your dependent children who are 16 years of age or older must complete their own copy of this form if they wish to authorize Lake Babine Nation Indian Registration Administrator(s) to release their information to a designated individual.

CHOOSE ONE:

- I **authorize** Lake Babine Nation Indian Registration Administrator(s) to release information from my available file to the following individual/company.
- Birth Certificate Copy of Identification Registration Number All
- I **withdraw** to release information from my available file to the following individual/company.

LAKE BABINE NATION MEMBER'S INFORMATION:

FAMILY NAME (SURNAME):	GIVEN NAME(S):	DATE OF BIRTH (yyy-mm-dd):
PHONE:	EMAIL:	

YOUR DESIGNATED INDIVIDUAL / COMPANY'S INFORMATION:

FAMILY NAME (SURNAME):	GIVEN NAME(S):	DATE OF BIRTH (yyy-mm-dd):

OR

NAME OF ORGANIZATION:	
CONTACT NAME:	

MAILING ADDRESS:	
PHONE:	EMAIL:

DECLARATION:

- I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.



IF YOU ARE GIVING YOUR AUTHORIZATION:

- I **authorize** Lake Babine Nation Indian Registration Administrator(s) to release information from my available file to the individual named above.
- I **understand** that this consent only allows the disclosure of my person information and that of my dependent children under 16 years of age.
- I **am aware** that some information may not be released if it is subject to exemption under the Privacy Act or the Access to Information Act.
- I **further authorize** the designated individual to update the address listed in my file, as required.

IF YOU ARE WITHDRAWING YOUR AUTHORIZATION:

- I withdraw my authorization to release information from my available file(s) to the individual / company named above.

Printed Name

Printed Name of Spouse / Common-Law

Signature of Lake Babine Nation Member

Signature of Spouse / Common-Law

Date

Date

Personal information provided on this form is collected by Lake Babine Nation Indian Registration Administrator(s) under the authority of the Lake Babine Nation (LBN) and Indigenous Services Canada (ISC) is used for identification and authorization purposes. The designated individual / company is used for the identification purposes.

Failure to complete the form in full will delay processing. The Privacy Act gives individuals the right of access to, protection, and correction of their personal and confidential information. If you are not satisfied with the manner in which Lake Babine Nation handles your personal information, you may exercise your right to file a complaint to the office of the Lake Babine Nation or Indigenous Services Canada.