



## CLIENT CONSENT TO RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned hereby consent to the release of personal information to be collected by Chippewa of the Thames First Nation Employment & Training under the Aboriginal Human Resource Development Strategy for administrative purpose's related to my participation in the above-noted intervention.

I acknowledge that the information collected and administered is in accordance with the Personal Information and Electronic Documents Act and applicable privacy laws; and it may be used to determine my eligibility in any services provided by Employment & Training and provided to Service Canada and other third parties as necessary: to include my participation for, monitoring, review, audit, statistical purpose and compliance with funding arrangements.

I understand that when my personal information is provided to Service Canada or any other Federal or Provincial Department, the information is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, in the presence of;

\_\_\_\_\_  
**CLIENT NAME (PRINT)**

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**WITNESS (PRINT)**

\_\_\_\_\_  
**WITNESS (OTHER THEN LDM)**

\_\_\_\_\_  
**COTTFN LDM**