

Consent for the Release of Information

I, _____
(First & Last Name)

of _____

(Address, Phone, Email)

hereby authorize

(First & Last Name)
of _____

(Address, Phone, Email)

Who is

(Relationship)

full consent to discuss my account in detail with any representative of Financial Reporting & Collections.

I hereby consent to the release of personal information from my file to the above named individual/entity.

Signature _____

Date _____

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 41 (1) (g). The privacy provisions of the ATIPP Act protect my information and all applications have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner.