BRITISH COLUMBIA | Ministry of Social Development and Social Innovation

# CONSENT TO DISCLOSURE OF INFORMATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act.* The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* You have the right to revoke this consent at any time. Any questions regarding this form should be directed to your local Employment and Assistance office.

| CLIENT NAME | BIRTH DATE |
|---|---|
| | |

| SR NUMBER (IF APPLICABLE) | CASE NUMBER (IF APPLICABLE) |
|---|---|
| | |

I consent to the disclosure of any personal information currently held under the custody and control of the Ministry of Social Development and Social Innovation subject to the following limitations:

☐ 1. The following specific information only. (If more space is required, please attach an additional page)

☐ 2. All information relevant to the determination of eligibility for:

- ☐ Income Assistance
- ☐ Hardship Assistance
- ☐ Disability Assistance
- ☐ Supplements

*This information may be disclosed to an agency and/or an individual:*

| AGENCY NAME | | INDIVIDUAL NAME | |
|---|---|---|---|
| ADDRESS | | | |
| CITY / TOWN | POSTAL CODE | TELEPHONE NUMBER | FAX NUMBER |
| | | | |

| AGENCY NAME | | INDIVIDUAL NAME | |
|---|---|---|---|
| ADDRESS | | | |
| CITY / TOWN | POSTAL CODE | TELEPHONE NUMBER | FAX NUMBER |
| | | | |

This consent is effective on the date it is signed and will remain valid until I request that it be cancelled.

| SIGNATURE OF PERSON GIVING CONSENT | DATE (YYYY MMM DD) |
|---|---|
| | |

**NOTE:** If you are signing on behalf of the Ministry Client, you must attach proof of that legal authority (for example, a copy of the court order naming you as Committee) to this Consent.