



ABINOOJIIYAG BICIIWEWAG
 First Nations
 Family Advocate Office
 "Bringing Our Children Home"



CONSENT & DIRECTION FOR RELEASE OF INFORMATION

Re: Family Advocacy

To: Whom It May Concern:

Please accept this signed document as my consent and direction

for Cora Morgan, Kyra Wilson and/or Sabrina Casarez

to release information, as may be requested by the Manitoba First Nation Family

Advocate, Assistant Child Advocate and/or Family Engagement Worker

Cora Morgan, Kyra Wilson and/or Sabrina Casarez, and/or associates with the **Manitoba**

First Nations Family Advocate Office for the purpose of providing assistance to me.

This information may be shared:

{ } In Person { } By Phone { } By Fax { } By Mail { } By Email

I _____ confirm that

_____ has explained the

Purpose of this form to me and I understand its content. My signature below indicates my consent.

Signed in the City of _____, Province of Manitoba, this

_____ day of _____, in the year _____. This consent is valid one year from its signed date.

Client Signature

Witness Signature

Parent/ Legal Guardian Signature (If required)