



CONSENT FOR RELEASE OF INFORMATION

To Whom It May Concern;

Re: Family Advocacy

Please accept this signed document as my consent for the release of my personal information to the First Nations Family Advocate Office, as may be requested by the Advocate, Assistant Advocates and/or Reunification Workers and/or Associates.

This information may be shared:

in person by phone by fax by post mail by email

I, _____, confirm that

_____ has explained the purpose of this Consent Form, and I understand its content. My signature below indicates my consent.

Signed in the City of Winnipeg, Province of Manitoba, this _____ day of _____, in the year _____. Consent is valid one year from signed date.

Client Signature or Parent/Legal Guardian Signature (if required)

Assistant Advocate Signature