

WHITE RIVER FIRST NATION

P.O. Box 2 – Beaver Creek, YT – Y0B 1A0
Phone: (867)862-7802 | Fax: (867) 862-7806



Consent to Release of Information - CONFIDENTIAL

This form is to be completed by individual Members (16 years of age and over) consenting the disclosure of their personal mailing address, email and/or phone number held by White River First Nation Administration to other White River First Nation Departments that may require the information.

Section 1: About you		
First name	Last name	Date of birth
Address:		
Email:		
Phone Number:		
Section 2: Information/Records requested		
Identify the information held by WRFN Administration for which you are consenting to be released. <input type="checkbox"/> Mailing address <input type="checkbox"/> Email address <input type="checkbox"/> Phone number		
Unless previously revoked by me, this consent to the release of the information specified above expires on: _____		
Section 4: Signature of individual for whom records are being requested		
I declare that my consent to the release of the information specified above has been given voluntarily. I understand that I may withdraw this consent at any time.		
Signature	Print name	Date
Section 5: Signature of witness		
Signature	Print name	Date

Please email or fax completed form to:
White River First Nation
Attn: Executive Director – Sid C. Vander Meer
executivedirector@wrfn.ca or (867) 862-7806