



Otipemisiwak
Métis Government



Consent to Release Information

Name: _____
Last First Middle

Address: _____

Phone : (_ _) _____ - _____ Alternate Number: (_____) _____ - _____

Email: _____ Date of Birth ____/____/____

I hereby authorize the following designated department(s) or person(s) of Otipemisiwak Métis Government within Alberta (MNA) to release the following personal information about me for the purpose of Case Management:

Designated Department(s): Justice Department

Designated Person(s): _____ Deanna LePretre, Derrick Campbell, Ashley Carew, or Designate(s) _____

Information to be released: Any relevant information pertaining to this file regarding judicial matters, case management or advocacy. Further the individual authorizes the Otipemisiwak Métis Government's Justice Department to share necessary information with other agencies if relevant to provide support or services.

This information may be released to the following:

Your Rights

- You can ask **who your information has been shared with** at any time.
- You can withdraw your consent **at any time**, for any reason, by contacting our office.
- You have the right to ask questions and receive a copy of this form.

Consent

- ☐ I understand why my information may need to be shared.
- ☐ I give permission for the Justice Department to share my personal information with trusted parties as outlined above.
- ☐ I understand that I can withdraw my consent at any time.

Note: This waiver is in effect for one year from the date of the request.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

MNA Staff Signature: _____ Date: _____

The personal information collected on this form will be used for the purpose of processing your request to share your personal information as instructed above. It is collected under section 33(c) of the Alberta Freedom of Information Act and Protection of Privacy Act and will be protected under its provisions. If you have any questions about the collection and use of this information, contact the designated Department.