



**Sturgeon Lake Cree Nation**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Client's Name) (Client's Address)

S.I.N: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In the Province of Alberta, AUTHORIZE the Director of the Social Development Program for the Western Cree Tribal Council, or her Agent, to obtain information about my financial or employment status, both before and during the period in which I receive financial benefits under the Income Support Program, from any source having information concerning my employment or financial status, including any

- Financial institution
- Employer
- Landlord
- Agency
- Mercantile Organization
- Federal, provincial, or municipal department, including Revenue Canada Taxation.

I also authorize any person representing these sources to release the requested information to the Director or her agent.

I understand that the information obtained in accordance with this Authorization will be used by the Director or her agent only for the purpose of verifying my eligibility of financial benefits and my monthly benefit entitlement.

I also understand that this Authorization does not relieve my of my responsibility to report any changes in my financial circumstances to my Worker or other designated official in the Western Cree Tribal Council.

Dated at the Sturgeon Lake Cree Nation, in the Province of Alberta,

This \_\_\_\_\_ Day of \_\_\_\_\_ (month) 201 \_\_\_\_\_

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Worker's Signature Date

**ACKNOWLEDGEMENT**

I have personally read this Authorization to \_\_\_\_\_, and  
(Client's Name)

He/she has acknowledged to me that he/she understands the contents thereof.

\_\_\_\_\_  
Worker's Signature Date