



RELEASE OF PERSONAL INFORMATION Protected B (when completed)

Privacy Statement: Information collected on, and disclosed pursuant to, this document is collected pursuant to Indigenous and Northern Affairs Canada's Social Development Policy and Procedures Handbook BC Region for the purpose of confirming eligibility for assistance, and will be maintained pursuant to the Privacy Act and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency

To be completed by the Band Social Development Worker (BSDW)

Please complete entire form and print clearly.

Administering Authority Name Administering Authority Number

TO: BC PARKS

For the purpose of: Frontcountry Camping Fee Exemption for Persons with Disabilities (PWD)

I, (Name of Client Receiving PWD Benefits) give my consent to the First

Nation Administering Authority (First Nation Band Name)

to release my personal information regarding the following:

- X Confirmation that I am in receipt of Disability Assistance through Indigenous and Northern Affairs Canada – BC Region

Client Signature Date Signed (Year/Month/Day)

FOR ADMINISTERING AUTHORITY USE

The above-noted client is currently in receipt of:

- Income Assistance for Persons with Disabilities (Disability Assistance) under Indigenous and Northern Affairs Canada (INAC) Income Assistance Program

Band Social Development Worker (BSDW) Name:

Band Social Development Worker Signature:

Band Social Development Worker Contact Telephone Number:

Date Signed (Year/Month/Day):