

Ministry of Social Development and Poverty Reduction

BC Bus Pass Program Consent to Disclosure of Information

SR#:

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. You have the right to revoke this consent at any time. Questions regarding the collection, use, and disclosure of personal information can be directed to an Employment and Assistance Worker of The British Columbia Bus Pass Program by email: visit www.gov.bc.ca/buspassprogram, by phone: 1-866-866-0800, or by mail: PO Box 9985, Stn Prov Govt, Victoria BC V8W 9R6.

Step 1: Who is the Bus Pass C	lient?			
Ι,				born on
First Name	Middle Name(s)	Last Name		
living at		,		,
Date of Birth (YYYY-MMM-DD)	Address of Client		City/ Town	
,consent to the d	isclosure inside Canada to			
Postal Code			to receive information	
of any personal information curre	ently in the custody or under the c	ontrol of the Minist	try of Social	
Development and Poverty Reduc	tion that is relevant to my eligibili	ty for the BC Bus I	Pass Program,	
for the purpose of		assisting or supp	orting me in	
N	ame of Individual to receive Information		-	

obtaining or renewing a BC Bus Pass.

NOTE: If the Client is incapable of signing this Consent form, proof of legal authority (for example, a copy of the court order naming you as Committee) is required by our program and replaces the need for this form.

Step 2: Who is the Third Party?						
This information may be disclosed to:						
Contact First Name	Contact Middle Name(s) (Optional)		Contact Last Name			
Agency Name (If applicable)		Telephone Nu	mber	Fax Number	(Optional)	
				Telepho	one or Ema	ul
Email Address		Preferred Method of Communication (Circle one)				
Address		City/ Town			Postal Code	

Step 3: How long is the consent valid?

This consent is effective on the date it is signed and will remain valid until I request that it be cancelled.

Step 4: Sign and date the consent	
Signatures from the client and a witness are required:	
Signature of Person Giving Consent	Date Signed (YYYY-MMM-DD)

The Witness (over 18) must not be the person to whom disclosure is being authorized or a family member:

	Yes or No	
Witnessed by	Over 18 years old? (Circle one) Relationship to Person Giving Consent	Date Signed (YYYY-MMM-DD)

If the BC Bus Pass Program Consent is not completed in full, it will be rendered invalid and returned to the sender.