



CONSENT TO RELEASE OF INFORMATION

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. Any questions about this information should be directed to your local Employment and Assistance Office.

COURT ACTION NUMBER
CASE NUMBER

To:

I, _____, understand that solicitor-client communication is privileged, and that any person who has acted as counsel for me cannot be compelled to provide any information on our communication to anyone.

Understanding this, I HEREBY CONSENT TO the release by my counsel of any relevant information concerning matters of custody, access and maintenance, as requested from time to time by a Family Maintenance Worker, in so far as it relates to obtaining maintenance for me and any of my dependent children in my care.

SIGNATURE

DATE (YYYY MMM DD)

PRINT NAME

WITNESSED:

SIGNATURE

PRINT NAME

OFFICE ADDRESS

