



BC BUS PASS PROGRAM

CONSENT TO DISCLOSURE 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*. You have the right to revoke this consent at any time. If you have any questions regarding the collection or use of this information, please contact an Employment and Assistance Worker at the British Columbia Bus Pass Program at 1 866 866-0800, or PO Box 9985, Stn Prov Gov't, Victoria BC V8W 9R6.

STEP 1: WHO IS THE BUS PASS CLIENT?

I, _____ 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 disclosure inside Canada to _____
Postal Code Name of Individual to receive information

of any personal information currently in the custody or under the control of the Ministry of Social Development and Social Innovation that is relevant to my eligibility for the BC Bus Pass Program, for the purpose of _____ assisting or supporting me in
Name 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 Number		Fax Number (Optional)
Email Address				Telephone or Email	
				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)
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The Witness (over 18) must not be the person to whom disclosure is being authorized or a family member:

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

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