**AUTHORIZATION TO RELEASE INFORMATION**

TO: Human Resources Development Canada

Access to Information & Privacy

140 Promenade du Portage

Phase IV, Level 1, Mail stop 112, Gatineau, QC K1A 0J9

RE: **«ClientFirstName» «ClientMiddleName» «ClientLastName»**, aka

**«ClientAKA»**

SIN: **«ClientSIN»«ClientSSN»**

I, **«ClientFirstName» «ClientMiddleName» «ClientLastName»**, HEREBY authorize and consent to the release of a complete Canada Pension Plan Statement of Contributions and Employment History **including earnings information for each employer** in the form of a letter relating to **«ClientFirstName» «ClientMiddleName»**

**«ClientLastName»**, presently residing at «ClientCity», «ClientProv», for the years XXXX to present to **«ResponsibleLawyer»**, barrister and solicitor, **<FirmName>**, Lawyers and Trademark Agents, **<FirmAddress>***,* Attention: **«ResponsibleLawyer»**, **<FirmPhoneNumber>**

I CONSENT to the use of this information by the authorized recipient only, for the purpose of an Indian Residential School claim.

I am the contributor and understand the nature and effect of this authorization. DATED:

**«ClientFirstName» «ClientLastName»**

RESTRICTIONS

The regulations provide that the information cannot be communicated:

1. If the authorization is signed more than one year before the date it is received;

2. If more than one request for information concerning the same contribution or beneficiary is made in the same year and is to be communicated to the same person or authority;

3. If I cancel this authorization in writing.

**THIS FORM CAN NOT BE FAXED OR SENT BY E-MAIL**