



Consent to Request Information Form

Pursuant to section 42(b) of the Freedom of Information and Protection of Privacy Act, “an institution shall not disclose information in its custody or under its control except, (b) where the person to whom the information relates has identified that information in particular and consented to its disclosure”.

Personal Information

LAST NAME:	FIRST NAME:
REGISTRY/BAND NUMBER:	DATE OF BIRTH: (MM/DD/YYYY):
PHONE NUMBER:	EMAIL ADDRESS:

I, _____, give consent for Six Nations of the Grand River Housing hereinafter referred to as SNGRH to request information from other Six Nations of the Grand River divisions listed under the Six Nations of the Grand River Elected Council, hereinafter referred to as SNGREC to aid in the remediation of my housing account for social assistance including but not limited to Ontario Disability Support Program (ODSP), modifications, or recommendations.

By signing this document, you agree to allow only the people signing below access to the requested information from other SNGREC divisions.

HOUSING CLIENT SIGNATURE	DATE
SIX NATIONS OF THE GRAND RIVER HOUSING PERSONNEL SIGNATURE	DATE



67 Bicentennial Trail, P.O. Box 62,
Ohsweken, Ontario N0A 1M0