

CONSENT FOR ACCESS TO PERSONAL INFORMATION AND PRIVACY REQUEST

Complete this form if you agree with the authorization to access your personal information to someone other than yourself

Primary Applicant Surname	Given Name(s)	S.I.N	D.O.B	BAND #

Co-Applicant Surname	Given Name(s)	S.I.N	D.O.B	BAND #

Designate Surname	Given Name(s)
TRUDEAU	BRITTANY
Business or Organizations Name (if applicable)	Email Address
Wiikwemkoong Homeownership Investment Fund	brittanyaiabens@wikydevcom.ca

Your Declaration	
I authorize HIF Loans Officer to access and release my personal information to the above	
YES <input type="radio"/>	NO <input checked="" type="radio"/>
I authorize HIF Loans Officer to access and release email my personal information to the above	
YES <input type="radio"/>	NO <input checked="" type="radio"/>

Primary Applicant Signature	Date
x	
Co-Applicant Signature	Date
x	

The information you provided on this form is collected under the authority of the Access to Information Act and the Privacy and will be used to administer these act, as well as to process and respond to requests. This information may also be used during consultations with financial institutions during investigations by the HIF Loans Officer. It will be retained in your personal file. It may also be shared with other organizations in accordance with the consistent use of information as per paragraph 8(2) of the Privacy Act. Pursuant to the Access to Information Act and the Privacy act, individuals have the right to the protection of and access to their personal information. Details of these matter are available at the infosource.gc.ca