

GOVERNMENT OF CANADA

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator of the Government of Canada, bearing this release, or a copy thereof, within one year of its date, to obtain any information from educational institutions, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities within Canada. This information may include, but is not limited to, credit bureau, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby release any individual including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Full Name (typed or printed): _____

Other Names Used: _____

Parent or Guardian (if required): _____

Date: _____

Current Address: _____

Telephone: _____

Social Security Number: _____