



**Peguis First Nation**

**Consent to Release of Personal and/or Private Information Waiver and Release**

FULL NAME: \_\_\_\_\_  
Surname First Middle

DATE OF BIRTH: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
yy/mm/dd

In order for the Peguis Membership Committee to make an informed decision, the individual must provide the information requested and must consent to the collection, disclosure and the use of their information as described in this notice by signing the consent and release form. Agencies as appropriate may be contacted in order to obtain relevant facts.

I consent to the collection of my verification of Indian Status and affiliation from the First Nation Membership Officer/Indian Registry Administrator.

I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Peguis Membership Committee and Band Council.

I agree to waive any right of action against any person or organization providing information in compliance with this authorization.

Should I be successful in obtaining Peguis Registration (269), I agree to publish my name in any reporting material for Peguis First Nation.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me,

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature, if applicant is under 18 years of age

\_\_\_\_\_  
Date