



Consent for Veterans Affairs Canada to Disclose Personal Information to Third Parties

Last name*	First name*	CSDN ID	File No.
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When do I need to complete this form?

Your personal information is confidential. Please provide your consent if you would like Veterans Affairs Canada (VAC) to disclose your personal information to a third party including, but not limited to:

- a family member or friend;
- another government department; or
- a service provider (such as your doctor or health care provider).

You can give this consent by completing and signing Page 2 of this form. This consent will stay in effect until revoked. If you wish to revoke your consent, you may do so by contacting the Department at the address noted below or by calling 1-866-522-2122 (TTY 1-833-921-0071).

Does my spouse, common-law partner or other family member need my consent?

Yes, VAC does not generally disclose your personal information to family members or any third party without your signed consent.

Please note:

This consent form does not provide authority to the third party to apply for benefits, withdraw or cancel benefits or change your address.

Please return the completed and signed consent form to: Veterans Affairs Canada
PO Box 6000
Matane QC G4W 0E4

Privacy Notice

The personal information provided on this form is collected for the purpose of authorizing the disclosure of your information to a third party, and is protected from unauthorized disclosure by the *Privacy Act*. The *Privacy Act* also provides individuals with a right of access to personal information about themselves under the control of the Department, as well as a right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

Please be assured that VAC is committed to ensuring that your personal information is protected from unauthorized disclosure in accordance with the terms and conditions of Canada's *Privacy Act*.





Veterans Affairs
Canada

Anciens Combattants
Canada



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Protected B when completed.

CSDN ID	File No.
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Last name*	First name*	Middle name(s)
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Date of birth (yyyy-mm-dd)*

Service No.(s)/RCMP Regimental No.(s) (if applicable)

I hereby give permission to Veterans Affairs Canada (VAC) to disclose my personal information to the following third party:

Name (last name, first name)

OR Name of organization Office MP Alex Ruff (Bruce-Grey-Owen Sound)	Telephone (Country Code, Area Code, No.)* 1 (519) 371-1059
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Mailing address (No., Street, Apartment No., PO Box, RR No.)* 1101 2nd Ave E, Suite 208	City/Town/Village* Owen Sound
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Country* Canada	Province/Territory/State* Ontario	Postal Code/ZIP* N4K 2J1
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Please indicate the information authorized for disclosure:*

- All information held by VAC **OR**
- The following information only:



Fields with an asterisk (*) are required.
Ce formulaire est disponible en français.



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Declaration

As the client, or the client's legal representative:

- I understand that it is against the law to knowingly make a false or misleading statement;
- As the legal representative of the client, I declare the client to be alive;
- I agree to notify Veterans Affairs Canada of any changes that may affect my/the client's eligibility for benefits and services as soon as these changes are in effect;
- I declare that I have read and understand the Privacy Notice statement noted above; and
- I declare the information I provide on this form to be true and complete, and knowing that it is of the same force and effect as if made under oath.

I confirm that I have read and understand this form. This authorization will remain valid until revoked.

Signature*	Date (yyyy-mm-dd)*
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