



PARTICIPANT RELEASE OF INFORMATION AUTHORIZATION

I hereby attest that all the previous information contained on this document is complete, accurate, and true to the best of my knowledge. By signing this form I consent to the Kanesatake Human Resources Office to verify any and all of the information. I understand that any misrepresentations or falsehoods may affect my application for funding by the Kanesatake Human Resources Committee.

I, also, authorize KHRO (2994) to gather information relevant to create a file on me to support the training and employment objectives contained in my participant file.

I also authorize Service Canada, First Nations Human Resources Development Commission of Quebec (FNHRDCQ), Mohawk Council of Kanesatake and its various programs along with any other employment and training organizations to provide KHRO with any information relevant to the creation and analysis of my file.

KHRO may use this information for specific purposes, such as verification, compilation and statistical analysis.

AUTHORIZATION TO PROVIDE INFORMATION TO A THIRD PARTY

I, the undersigned, _____

Social Insurance Number _____

Hereby agreed to provide to the AFNQL's Quebec First Nation Human Resource Development Commission with any information in my Employment Insurance current file and/or the previous claim.

Participant/Applicant Signature

Date

KHRO Representative Signature

Date