



Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties

Protected B when completed.

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

Please provide your consent if you wish to permit a third party to release personal information to Veterans Affairs Canada. A third party may include, but is not limited to:

- 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 3 of this form. This consent will stay in effect until revoked by you or until this application process has been completed. 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).

Where do I need to send the completed form?

Please return the completed and signed consent form to:

Veterans Affairs Canada
PO Box 6000
Matane QC G4W OE4





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Last name*		First name*	Middle name(s)
Date of birth (yyyy-mm-dd)*			

A. I give permission for the below third parties to release the following personal information to Veterans Affairs Canada (VAC) to support the administration of VAC benefits and services:

My complete file.

The following specific information only:
(Clearly state the name of the reports, etc., and any specific accompanying instructions.)

B. Parties authorized to release personal information to VAC:
(Required: Name of person or organization; telephone number or full address)

Name (last name, first name)		Reference number (if applicable)
OR Name of organization	Telephone (Country Code, Area Code, No.) ()	
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village
Country	Province/Territory/State	Postal Code/ZIP

Name (last name, first name)		Reference number (if applicable)
OR Name of organization	Telephone (Country Code, Area Code, No.) ()	
Mailing address (No., Street, Apartment No., PO Box, RR No.)		City/Town/Village
Country	Province/Territory/State	Postal Code/ZIP



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Note: Personal information you authorize to be released to VAC will only be used in support of the administration of VAC benefits or services. For more information about how your personal information will be handled, please see the Privacy Notice on your application form or discuss with your VAC representative.

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.

Signature*	Date (yyyy-mm-dd)*
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