



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.
INDEPENDENT ASSESSOR

CONSENT TO DISCLOSURE OF INFORMATION

I, _____ ,
(print full name)

of _____ ,
(address)

hereby consent to the disclosure of the following information:

(description of the information to be disclosed)

which may be part of the records compiled in files of

(name of organization)

in respect to _____ ,
(your name and date of birth)

I understand that this information will be released only to Michel Bastarache, C.C., Q.C. or members of his staff.

In signing this consent I am not authorizing any further disclosure of this information other than as specified above.

Signature

Witness Signature

Print Witness Name

Dated this _____ day of _____, 20 _____.

DATE OF EXPIRATION FOR CONSENT: _____



If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Independent Assessor
130, Albert Street, Suite 1103
Ottawa (Ontario) K1P 5G4

ALL CLAIMS ARE CONFIDENTIAL.

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