AUTHORIZATION FORM

Eligible Person (Applicant)

Last Name _____ Given Name(s)_____

Relationship to Person Named on Copy Requested (i.e. myself, parent, spouse, etc)

_____

Street Address _____

City _____ Province _____

Postal Code _____ Phone Number _____

Authorized Individual (i.e. Metis Nation Saskatchewan)

Last Name _____ Given Name(s)_____

Organization Name Metis Nation - Saskatchewan Registry

Street Address 209-2121 Airport Drive

City Saskatoon Province Saskatchewan

Postal Code S7L6W5 Phone Number 306-343-8391

I hereby waive, for the purpose of such document, any privilege I may have regarding privacy of information and release and discharge eHealth Saskatchewan to whom this release may be directed of all claims for any damages I may sustain resulting from any such report given to the above-named party.

I further declare that a photocopy of this authorization shall be of the same force and effect as an original signed copy.

Date _____

Signature of Eligible Person _____