FORM 2

CONSENT FORM
For release of British Columbia (BC) Family Bonus Payment Information

I authorize the Canada Revenue Agency to release to the Administrative Authority for Social Assistance any information that is relevant to my BC Family Bonus payments and I authorize the Administering Authority for Social Assistance, for the purpose of obtaining such information, to disclose as much identifying information as is necessary to enable the supply of the information.

Client identification

Name and address of the client

Social Insurance number

Representative identification

Name and address of authorized representative and Administrative Authority

Telephone number (____) _____
Fax number (____) _____

This form will not be accepted if it is not signed by the social assistance client

_____ (____) _____ _____
Signature of social assistance client Telephone number Date