

Consent to the Release of Personal Information

*Service number	*Rank	Last name	First name
<i>*If serving or former military</i>			
I, in accordance with section 8 of the <i>Privacy Act</i> , hereby give my consent to the Department of National Defence to disclose my personal information concerning			
Situation (my application for enrolment, my release, my pension, etc.)			
to the following person or people (name of father, mother, wife, husband, partner, friend, etc.): *MP, CW, LIAISON			
- Be sure to include the full name of <u>every</u> person you will allow your information to be released to.			
1. _____			
2. _____			
3. _____			
Your signature		Date (yyyy-mm-dd)	

Mailing address

Number	Street			
City		Province / Territory / State Alberta	Country Canada	Postal code

Please return this form to

Minister's Correspondence Unit
National Defence Headquarters
Major-General George R. Pearkes Building
101 Colonel By Drive
Ottawa ON K1A 0K2

Formulaire disponible en français - DND 4512-F