

Consent to the Release of Personal Information

*Service number	*Rank	Last name	First name
-----------------	-------	-----------	------------

**If serving or former military*

I, in accordance with section 8 of the *Privacy Act*, 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.)*:

- Be sure to include the full name of every person you will allow your information to be released to.

1. _____
2. _____
3. _____

<p>_____</p> <p>Your signature</p>	<p>_____</p> <p>Date <i>(yyyy-mm-dd)</i></p>
------------------------------------	--

Mailing address

Number	Street		
City	Province / Territory / State	Country	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