

Consent for Release of Information for the Purposes of the Collection of Correspondence from the Manitoba Government

I, _____, authorize and request that the Department of Public Service Delivery (the "Department") release the following correspondence contained in a sealed envelope from the Manitoba government to _____ (the "Third Party") for the purpose of collecting correspondence addressed to me.

Please describe the type of information you consent to be released:

CONSENT

I consent to the Department releasing the above information, contained in a sealed envelope, to the Third Party for sole purpose of collecting correspondence addressed to me from the Manitoba government and delivering it to me.

I understand that the envelope may contain personal information or personal health information about me, to which the Third Party may have access.

I understand that:

I have the right to withdraw my consent at any time by notifying the Department prior to the information above being collected. My consent cannot be withdrawn retroactively.

My consent is voluntary and continues until the time the Third Party collects the information described above at which time it will expire without further notice.

The Department will not release any correspondence addressed to me from the Manitoba government to a Third Party without my consent.

The Department will confirm the identity of the Third Party before correspondence addressed to me is provided to them.

Name

Signature

Date

