Nak'azdli Whut'en
PO Box 1329
Fort St. James, BC V0J 1P0
Telephone: (250) 996-7171
Fax: (250) 996-8010

Nak'azdli Whut'en Consent to Release Personal Information (ROI) Form

This information is to create an internal Nak'azdli Whut'en Membership List for Departmental Managers.

I, (Print Your **FULL** Name) _____ **authorize the Nak'azdli Indian Registration Administrator (IRA) to disclose the following information of My\Our and My\Our Minor Child\Chidren's Personal Information consisting:**

X Full Legal Name X Date of Birth X Status Number
X Telephone X Email Info X Residence
X Mailing Address

X Transferred INTO Nak'azdli Whut'en DATE _____

Applicants' (Full) **Name:**_____

Status Number:_____ Birthdate:_____

Email Address:_____

Home Address: _____

Mailing Address: _____

Telephone: Home Number _____ Cell Number _____

RESIDENCE: On Reserve _____ Fort St. James_____

Other Reserve_____ OFF RESERVE_____

Transferred INTO Nak'azdli Whut'en Date _____

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Co-Applicant Name:_____ Telephone:_____

Status Number:_____ Birthdate:_____

Email Address:_____

Home Address: _____

Mailing Address: _____

Telephone: Home Number _____ Cell Number _____

RESIDENCE: On Reserve _____ Fort St. James_____

Other Reserve_____ OFF RESERVE_____

Transferred INTO Nak'azdli Whut'en Date _____

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I\We, (Print Your FULL Name) _____ and _____ _____ authorize the Nak'azdli Indian Registration Administrator (IRA) to disclose the following information of My\Our and My\Our Minor Child\Chidren's Personal Information consisting:

Home Address: _____

Mailing Address: _____

Telephone: Home Number _____ Cell Number _____

RESIDENCE: On Reserve _____ Fort St. James_____

Other Reserve_____ OFF RESERVE_____

Transferred INTO Nak'azdli Whut'en Date _____

Minor Child\Children

	Full Legal Name	**Birthdate**	**Status Number**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Parents: Together_____ Separated _____ Court Order In Place _____ (Need Copy)

If you are Legal Guardian _____ need a copy of Court Order on File
If you need more space, write on the back of this page

I\We understand the purpose for disclosing Personal Information and do Consent that the Indian Registry Administrator (IRA) to Verify Our Membership and to Create a Membership List.

Date: _____ **Signature Applicant:** _____

Date: _____ **Signature Co-Applicant:** _____

***Please note: A substitute decision-maker is a person (parent or legal guardian) authorized to consent, on behalf of individual(s), to disclose personal Indian Registration information about the individual(s).**