

COMMISSION DE
DÉVELOPPEMENT DES
RESSOURCES HUMAINES DES
PREMIÈRES NATIONS
DU QUÉBEC



FIRST NATIONS
HUMAN RESOURCES
DEVELOPMENT COMMISSION
OF QUEBEC

AUTHORIZATION TO PROVIDE INFORMATION TO A THIRD PARTY

I, the undersigned, _____

Social Insurance Number _____

Hereby agree to provide to the AFNQL's First Nations Human Resources Development Commission of Quebec with any information in my Employment Insurance and/or Quebec Parental Insurance Plan current file and/or previous claim.

SIGNATURE

DATE