Veterans Review and Appeal Board Canada



PO Box 9900 Charlottetown PE C1A 8V7 Tribunal des anciens combattants Canada CP 9900 Charlottetown (Î.-P.-É.) C1A 8V7

AUTHORITY TO RELEASE PERSONAL INFORMATION

Under Canada's *Privacy Act*, we are obligated to protect our applicants' personal information from unauthorized disclosure. Before we can release an applicant's information to anyone, we require written consent from the applicant.

The applicant must complete and sign the attached consent form (VRAB 40).

PLEASE BE SURE TO SPECIFY IN DETAIL:

- The person to whom you wish to allow disclosure of your personal information; and
- The information authorized for disclosure.

PLEASE NOTE THE FOLLOWING:

- 1. This authorization is valid for a period of **one year** from the date on which it is signed.
- 2. This authorization does not allow the named individual to request any changes to the Veterans Affairs Canada (VAC) account (e.g., address change).
- Should you no longer wish this individual to have access to your personal information, you must advise the Veterans Review and Appeal Board (VRAB) in writing.

Please return the completed and signed consent form in the enclosed envelope.

If you have any questions, please do not hesitate to contact VRAB at: 1-800-450-8006 (English)

VRAB 40e (2012-02)

Ce formulaire est disponible en français.

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AUTHORITY TO RELEASE PERSONAL INFORMATION

Protected when completed.

Head Office File No.:	Service No.:
Family Name:	Given Names:

I hereby give permission to the Veterans Review and Appeal Board (VRAB) to release the following information from the Department of Veterans Affairs' records to:

Name:	
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Address	•
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Telephone No.:

Specify in detail the information authorized for disclosure:

Privacy Statement

The personal information you provide on this form is collected under the authority of the *Veterans Review and Appeal Board Act* and the *Privacy Act*. The purpose for collecting this information is to administer the Veterans Review and Appeal Board (VRAB) program. When you provide this information it is strictly voluntary and does not carry any legal consequence. However, not filling out the form properly may result in an administrative delay.

Once completed and signed, the personal information collected on this form is for internal Veterans Affairs use only and is protected from unauthorized disclosure under the *Privacy Act*. You have the right to access the information and to request changes or add notations, to your personal information.

The personal information collected by VRAB is described in the Personal Information Banks VRAB PPU 080 and/or PPU 095 in the federal Info Source publications.

For further information about your right of access, please contact the VRAB Access to Information and Privacy Coordinator's Office, PO Box 9900, Charlottetown, PE, C1A 8V7.

This authorization is valid for a period of one year from the date on which it is signed.

Signature of Applicant/Appellant:	Date:
	(yyyy-mm-dd)

