



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.  
INDEPENDENT ASSESSOR

## CONSENT TO DISCLOSURE OF INFORMATION

I, \_\_\_\_\_,  
(print full name)

of \_\_\_\_\_,  
(address)

hereby consent to the disclosure of the following information:

\_\_\_\_\_  
(description of the information to be disclosed)

which may be part of the records compiled in files of

\_\_\_\_\_  
(name of organization)

in respect to \_\_\_\_\_,  
(your name and date of birth)

I understand that this information will be released only to Michel Bastarache, C.C., Q.C. or members of his staff.

In signing this consent I am not authorizing any further disclosure of this information other than as specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Witness Name

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

DATE OF EXPIRATION FOR CONSENT: \_\_\_\_\_



If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter  
Office of the Independent Assessor  
130, Albert Street, Suite 1103  
Ottawa (Ontario) K1P 5G4

**ALL CLAIMS ARE CONFIDENTIAL.**

DRAFT – DO NOT USE