



SUCKER CREEK FIRST NATION
P.O. BOX 65
ENILDA, AB. T0G 0W0
Phone No: 780-523-4426
Fax No: 780-523-3111

ACCESS TO INFORMATION

This is a release form that authorizes Lesser Slave Lake Indian Regional Council to release to the Sucker Creek First Nation, the verification of your Indian Status and registration date.

The release form will contain your Full name, Date of Birth, Indian Registration Number, Date of Registration, and which section of the Indian Act you are registered under.

I/We, _____ and _____

Do hereby consent and authorize the Lesser Slave Lake Indian Regional Council to release personal information held on file by the Lesser Slave Lake Indian Regional Council on behalf of Aboriginal Affairs and Northern Development Canada (AANDC) pertaining to the registration of myself, and/or our minor child(ren);

NAME: _____ TREATY NUMBER: _____

NAME: _____ TREATY NUMBER: _____

With reference to Indian Status to the Sucker Creek First Nation.

SIGNATURE: _____ SIGNATURE: _____
APPLICANT/GUARDIAN APPLICANT/GUARDIAN

WITNESS: _____

DATED AT _____, IN THE PROVINCE OF ALBERTA, THIS ____ DAY OF _____, 20__.