



AUTHORIZATION FOR RELEASE OF INFORMATION

CONTACT INFORMATION

Applicant's Name: Northwest Territory Métis Nation

Applicant's Address: Box 720, Fort Smith NT, X0E 0P0

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SCOPE

I _____, born on the _____ day of _____, _____ hereby authorize the *Roman Catholic Diocese of Mackenzie Fort Smith* to release my personal information to the *Northwest Territory Métis Nation* for the purpose of genealogical research.

AUTHORIZATION

Signature:

Print Name:

Date: