



**AETS**  
Anishinabek Employment  
and Training Services

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**SATELLITE OFFICE:**

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(Mailing Address)

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**CONSENT TO THE RELEASE OF INFORMATION**

As sponsoring agent, Anishinabek Employment and Training Services (AETS) may require the exchange of information in regard to intervention duration, attendance, academic performance, or the exchange of support information with trainers or other community partners.

I, \_\_\_\_\_ consent to the release of information between any representative of the Anishinabek Employment and Training Services and representatives of the following agencies, with respect to my educational, training or employment-related activities:

- First Nation Community: \_\_\_\_\_
- Ontario Works: Yes  No
- Employment and Social Development Canada
- Training Institution: \_\_\_\_\_
- Other: \_\_\_\_\_
- Photo/image Release-I grant AETS the right to photograph, record, and use the product of these images or recordings of me for AETS promotional purposes. I am over 18 years of age:  
Yes  No
- I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures
- AETS will hold your information confidential between parties noted above, except in the following circumstances:
- If you give us permission to share information with others who can assist you
- We believe that you present a risk of harming yourself, or others (we are obligated to respond)
- We are required by law to release information

Print Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Witness : \_\_\_\_\_ Date : \_\_\_\_\_

