



AUTHORIZATION FOR RELEASE OF PERSONAL/PERSONNEL INFORMATION

To complete this form, **you need to download this form first** and fill it out using free [Adobe Reader](#) software. You will need to send it back to hrc.cdp@gnb.ca.

Be sure to complete all sections of the form. Contact the Commission if you need guidance to complete the form.

Name :	Date :
	(YYYY/MM/DD)

Employee Number (if applicable):	
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I hereby authorize by this document, or photocopy thereof, any organization, service provider, employer, or person, to disclose or provide to the New Brunswick Human Rights Commission, any and all personal information on me, relating to my association with any organization, service provider, employer, or person or otherwise.

I also authorize the New Brunswick Human Rights Commission to inquire into the history of my association with any organization, service provider, employer, or person by interview or questionnaire and to acquire any related documents.