



Client name: \_\_\_\_\_  
Client birthdate: \_\_\_\_\_  
LABC client no.: \_\_\_\_\_ LABC SR no.: \_\_\_\_\_  
Intake legal assistant name: \_\_\_\_\_ LABC office: \_\_\_\_\_  
Date: \_\_\_\_\_ Fax no.: \_\_\_\_\_

## Release of Personal Information – Part C

I, \_\_\_\_\_ (name),  
born \_\_\_\_\_ (date of birth), give my consent for Legal Aid BC  
to share information about my legal case, financial status, and legal aid application with  
\_\_\_\_\_ (name of person and/or organization).

Contact information of person and/or organization I consent to share information with:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

I understand the information may be shared to help assess or provide updates on my application for legal representation services (legal aid).

My name: \_\_\_\_\_  
My address: \_\_\_\_\_  
My signature \_\_\_\_\_  
Date of consent: \_\_\_\_\_

### Mail, fax or email the completed form to:

Legal Aid BC  
400 – 510 Burrard Street  
Vancouver BC V6C 3A8  
Fax: 604-681-2719  
Email: [onlineapplications@legalaid.bc.ca](mailto:onlineapplications@legalaid.bc.ca)