



**St. James Community Service Society**  
329 Powell Street (Mailing Address)  
Vancouver, BC V6A 1G5

**FINANCIAL ADMINISTRATION**  
**ADULT GUARDIANSHIP PROGRAM**  
FAX (604) 606-0321

**RELEASE OF INFORMATION**

To: \_\_\_\_\_

I, \_\_\_\_\_ do hereby give my permission to **St. James Community Service Society Adult Guardianship Program, Financial Aid Worker and Managers** (or representative) to discuss the account mentioned below with representatives of your company:

BC Hydro:  Account #: \_\_\_\_\_

Bell Canada:  Account #: \_\_\_\_\_

Rogers:  Account #: \_\_\_\_\_

Shaw:  Account #: \_\_\_\_\_

Telus:  Account #: \_\_\_\_\_

Terasen:  Account #: \_\_\_\_\_

Other: \_\_\_\_\_  Account #: \_\_\_\_\_

**FOR PRIVACY REASONS, PLEASE ONLY GIVE INFORMATION ON 1 BILL PER FORM.**

Client Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Financial Aid Worker mainly managing account at Adult Guardianship Program:**

FAW #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_