

Business Risk Management Branch

BC Ministry of Agriculture and Food

Schedule H-6: Authorization to Release Information

Crop Year _____

Completion and submission of this form authorizes Business Risk Management Branch (BRMB) to release information related to the specified Crop Year pertaining to the registered Grower named below to the authorized person(s) or organization named below.

Read the instructions below before completing this form.

Print or Type	Grower Name:	Contract No.:
	Mailing Address:	Grower No.:
		Telephone No.:

For the _____ Crop Year, I authorize the BRMB to release the following information, relating to my BRM program file(s):

AgriInsurance AgriStability Agriculture Wildlife Program AgriRecovery (please tick appropriate box)

Authorized Person or Organization	Print name of person or organization to receive British Columbia Production Insurance information:	Telephone No.:
	Mailing Address:	

This authorization is effective until _____, 20____.

Sign Here	Date:	Print Name:	Signature:
	Date:	Print Witness Name:	Witness Signature:
	Date:	Print Name:	Signature:
	Date:	Print Witness Name:	Witness Signature:

Schedule H-6 Instructions:

Purpose of this form

- You must complete, sign and return this form if you want to authorize a person or organization to receive information concerning your BRM Program File.
- By completing and signing this form, you are authorizing the BRMB to release information related to the specified Crop Year to the person or organization you have indicated.
- BRMB **will not** accept faxed or email submissions of this form.

Your Signature

- The Authorization to Release Information is not valid until it is signed and dated by the signing authority designated on the Schedule A for the Grower named above.
- Your signature authorizes the individual or organization you designate to receive information concerning your BRM Program File related to the specified Crop Year.
- If you have any questions on how to complete this form, call **1-888-332-3352**.