

Proof of Referral Authorization

I, _____

Of, _____

Hereby authorize Tangentyere Council, ICMS to:

- Request and receive on my behalf any information concerning my identity from any government or non-government agency, this includes acting as my agent to receive and process personal identity documents.
- Hold any and all documents and photographs related to my application for identity in a secure filing system for current and future identification purpose until I provide written notification otherwise.
- Verify my identification with other outside agencies including the use of CDs or related data storage media, secure intra-net sites and electronic transmission of information and photographs. (Note: Any transmission for identity purpose can only be transmitted on the condition the image is deleted from the recipients filing system or a system after the identity has been verified).

I understand that Tangentyere will take all due care to ensure this information is held safely and for the identification purposes identified above only.

I also understand that Tangentyere in the event of my death will take all measures necessary to permanently remove photographic images of myself from all records, whether held by Tangentyere or by other agencies having dealings with the ICMS program.

Applicant	Witness
Signed: _____	Signed: _____
Name: _____	Name: _____
Date: _____	Date: _____

<p>Tangentyere, ICMS PO Box 8070, Alice Springs, 0871 Tel: (08) 8951 4261 Fax: (08) 8955 5561</p>
