Change of Address Form

Dene Gha Gok'ə Réhkw'ı - Department of Beneficiary Service

Délı̨nę Got'ı̨nę Government

Our People. Our Future. Our Délı̨nę.

OFFICE USE ONLY	
Received by:	**Date Received:**

Applicant Information			
Last Name:	First Name:	DOB:	Enrolment Number:

Previous Mailing Address		
Mailing Address:		
Town/City:	Territory/Province:	Postal Code:
Phone:	Email Address:	

New/Current Mailing Address		
Mailing Address:		
Town/City:	Territory/Province:	Postal Code:
Phone:	Email Address:	Effective Date of Address Change:
Reason for Address Change (optional):		

Consent to Use Personal Information

By signing below, I agree that the Délı̨nę Got'ı̨nę Government can use my personal information shared on this form for the following purposes (check all that you want to agree to):

☐ The DGG can use my personal information to send me emails and letters about DGG programs, services, events, and updates on the work of the DGG.

☐ The DGG can call me on the phone.

☐ The DGG can share my personal information with the DGG's Citizenship Registrar to update the Délı̨nę Citizenship Register.

☐ The DGG Department of Beneficiary Services can share my personal information with other DGG Departments for their programs and communications (e.g. the Education Department)

I understand that I can withdraw my consent at anytime by contacting the Director of Beneficiary Services at beneficiary.director@gov.deline.ca.

Student Signature:	**Date:**