

# Connected for Success™ | Letter of Authorization

I, \_\_\_\_\_, authorize

First Name

Last Name

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First and Last Name / Name of Organization (if applicable)

to activate on my behalf.

Applying as: (Check box that applies)

- Recipient of GIS
- Recipient of RAP
- Recipient of ODSP
- Recipient of OW
- New Brunswick - Recipient of Disability Support
- New Brunswick - Recipient of Social Assistance
- Newfoundland and Labrador - Recipient of Income Support

Contact phone number \_\_\_\_\_ Ext: \_\_\_\_\_

Contact number of the person you have authorized

I understand and agree that when using the services; including any unlimited services, that I am subject to the Rogers Acceptable Use Policy, posted at [rogers.com/terms](http://rogers.com/terms).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)