



**INDIVIDUAL'S CONSENT TO DISCLOSURE
AND/OR USE OF PERSONAL INFORMATION**

The Personal Information is collected under the authority of the *Employment Insurance Act* for the purpose mentioned below.

Your personal information is administered in accordance with the *Employment Insurance Act*, *Department of Employment and Social Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in the Personal Information Bank ESDC PPU 150 "Insurance Claim File-Local Office" and will be used and disclosed in accordance with the conditions listed therein and retained for the period of time required by the *Employment Insurance Act and Library and Archives Act*.

You are not obligated by Employment and Social Development Canada to complete this form. You may however use this form to authorize disclosure of your personal information.

I, THE UNDERSIGNED, _____
(Name of individual) File / Identifying Number

RESIDING AT: _____
(Address of individual)

DO HEREBY CONSENT TO THE DISCLOSURE AND/OR USE OF THE FOLLOWING ELEMENTS OF MY PERSONAL INFORMATION, SPECIFICALLY:

SOLELY FOR THE PURPOSE OF:

FOR THE DURATION OF:

FOR WHICH PURPOSE MY PERSONAL INFORMATION HAS BEEN REQUESTED BY AND MAY BE DISCLOSED TO:

(Name, phone number and address of the body or person authorized to receive and/or use this information)

Signature Date