

Individual's Consent to disclosure and /use of Personal information

SIN : \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

This form is strictly for consent by adults with the legal capacity to grant this consent.

This form allows your union representative to communicate with Service Canada on your behalf regarding the status of your EI claim for benefit. It allows Service Canada to communicate personal information concerning your EI claim to the union representative you have authorized. It does **not provide authority** for the authorized representative to request **any** changes to your EI file.

I, \_\_\_\_\_ hereby authorize and consent that for the purposes of processing and/or maintaining my Employment Insurance claim, the union representative(s) from (*insert name of local union*) named below can: (*select all that apply*)

make enquiries to Service Canada and request information on my claim for benefit on my behalf

receive information from Service Canada on my claim for benefit on my behalf

I hereby consent to the following representative(s) acting on my behalf pursuant to this Consent: (*insert each name*)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In providing this consent, I hereby certify and warrant that I have read this form and that I understand this form, its purpose, the nature of my consent and the consequences, both actual and potential, of my consent.

Dated at this day on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Please be advised that, the faxing or emailing of this completed Form is done at the sender's own risk. ESDC does not accept responsibility for the faxing or emailing of the Form to the wrong destination or for the consequences of any such erroneous communication.