



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

I, \_\_\_\_\_  
(Name of individual) File / Identifying Number

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

\_\_\_\_\_

SOLELY FOR THE PURPOSE OF:

\_\_\_\_\_

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

\_\_\_\_\_

(Identify and address of the body or person authorized to receive and/or use this information)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I, \_\_\_\_\_, UNDERSTAND THAT MY REFUSAL, BY SIGNATURE BELOW, WILL NOT  
(Name of individual)

RESULT IN ANY ADVERSE DECISION CONCERNING ME BY HUMAN RESOURCES DEVELOPMENT CANADA

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

NOTE: THE OWNER OF THE PERSONAL INFORMATION SPECIFIED ABOVE HAS THE RIGHT TO EXAMINE AND TO  
REQUEST CORRECTION, OF THE RECORDS WHERE HELD BY A CANADIAN GOVERNMENT INSTITUTION.