



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

I, _____
(Name 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 WHICH PURPOSE MY PERSONAL INFORMATION HAS BEEN REQUESTED BY AND MAY BE DISCLOSED TO:

(Identity 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.