



**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:

MY EMPLOYMENT INSURANCE BENEFIT CLAIMS

SOLELY FOR THE PURPOSE OF:

REVIEWING MY ELIGIBILITY AND CLAIM STATUS

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

UNEMPLOYED WORKERS HELP CENTRES

(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

N/A

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.

UNEMPLOYED WORKERS HELP CENTRE

Regina Office

400-2221 Cornwall Street
Regina, Sask.
S4P 2L1

Phone: (306) 525-5138
Fax: (306) 525-5148
e-mail: uwhc.regina@sasktel.net

UNEMPLOYED WORKERS HELP CENTRE

Saskatoon Office

2154 Airport Drive
Saskatoon, Sask.
S7L 6M6

Phone: (306) 382-8662
Fax: (306) 978-7815
e-mail: uwhc.saskatoon@sasktel.net