

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

I, \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(address) (city, province) (postal code)

\_\_\_\_\_  
(phone)

**DO HEREBY AUTHORIZE:** \_\_\_\_\_

**Unemployed Workers Help Centre**

400-2221 Cornwall Street, Regina, SK, S4P 2L1  
Phone: (306) 525-5138 Fax: (306) 525-5148  
email: uwhc.regina@sasktel.net

2154 Airport Drive, Saskatoon, SK, S7L 6M6  
Phone: (306) 382-8662 Fax: (306) 978-7815  
email: uwhc.saskatoon@sasktel.net

[www.unemployedworkerscentre.org](http://www.unemployedworkerscentre.org)

**TO ACT ON MY BEHALF FOR THE PURPOSE OF REVIEWING, DISCUSSING AND REPORTING ON THE DOCUMENTS AND INFORMATION REGARDING MY EMPLOYMENT INSURANCE BENEFIT CLAIM AND PROVIDING COPIES OF ANY SERVICE CANADA LETTERS, PAYMENT INFORMATION, ITEMIZED STATEMENTS, CLAIM REPORTS AND RECORDS OF EMPLOYMENT ON MY EI CLAIM FILE WHICH ARE REQUESTED BY THE PERSON AUTHORIZED BY THIS CONSENT FORM.**

**DURATION OF AUTHORIZATION: 52 WEEKS FROM SIGNATURE DATE**

**SPECIFIC DECISIONS: REQUESTING INFORMATION OR IN DISPUTE**

\_\_\_\_\_  
\_\_\_\_\_

**AND IF NECESSARY:**

\_\_\_ **REQUESTING A RECONSIDERATION OF AN EMPLOYMENT INSURANCE DECISION**

\_\_\_ **LODGING AN APPEAL TO THE SOCIAL SECURITY TRIBUNAL**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)