

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

I, _____ (Name) _____ (Social Insurance Number)

_____ (address) _____ (city, province) _____ (postal code)

_____ (phone)

DO HEREBY AUTHORIZE: _____

Unemployed Workers Help Centre

1888 Angus St., Regina, SK S4T 1Z4
Ph: (306) 525-5138 Fax: (306) 525-5148
Email: uwhc.regina@sasktel.net

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

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)