

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION
for
Human Resources & Social Development Canada – Service Canada and
Office of the Public Trustee
Canada Pension Plan Disability Benefits Administration Pilot Project

I, _____ SIN _____
(Individual's full name)

give my consent to:

- authorized employees, agents of Human Resources & Social Development Canada – Service Canada
- authorized employees, agents of Assured Income for the Severely Handicapped
- authorized employees, agents of the Public Trustees Office
- authorized employees, agents of _____

to share personal information pertaining to me (Name of Participant) _____ solely for the purpose of participation in the above project. Information shared will include pertinent benefit information, banking information and monthly expense plans.

This form has been explained to me and I give this consent voluntarily. I am aware that if consent is not provided, I will not be able to participate in the CPP Disability Benefits Administration Pilot Project. I also understand that I may revoke this consent at any time. If I do not revoke consent, it will be valid for 1 year from the date it is signed.

Dated this _____ day of _____ 20 ____ .

(Signature of Client)

(Witness)

(Print Name)

(Print Name)

Personal Information under the control of Human Resources & Social Development Canada is governed by the *Privacy Act*.