



**INDIVIDUAL'S CONSENT TO DISCLOSURE
OF PERSONAL INFORMATION**

I, _____
(name of individual)

residing at: _____

(full address), Telephone no: _____

do hereby authorize WorkSafeBC (the Workers' Compensation Board of BC) to disclose my personal information from the following records:

(identify records)

to: _____

(specify name and address of the body or person authorized to receive and/or use this information)

to be used only for the purpose of: _____

(signature of individual giving consent)

(date)

***For further information about the collection of personal information
please contact WorkSafeBC's Freedom of Information Coordinator.***