Freedom of Information and Protection of Privacy Office
Mailing address: PO Box 2310 Stn Terminal, Vancouver BC V6B 3W5
Phone 604.279.8171 | 1.866.266.9405 | Fax 604.279.7401 | worksafebc.com

INDIVIDUAL'S CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

I, _____, Date of Birth: _____
(name of individual)

residing at: _____

_____

_____, Telephone no:_____
(full address)

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:_____

_____

_____

This consent shall be and remain in effect for 2 years unless otherwise specified or revoked in writing prior to that date.

_____ _____
(signature of individual giving consent) *(date)*

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

Updated June 2015