

## 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.***