Individual's Consent to Disclosure and/or Use of Personal Information

Name	**Date**
Address	**Date of Birth**
	Reference Number

I hereby authorize _____ to disclose information contained in their records to Service Canada, for the purpose of determining whether I am or continue to be entitled and whether any amount shall be paid or shall continue to be paid as a benefit under the terms of the *Canada Pension Plan* and/or *Old Age Security Act.*

I have read the above statement. I understand that this information is essential to determine that I am or continue to be entitled to a _____ .
I understand that should I choose not to consent to the disclosure of information and/or documents, a decision regarding my entitlement to the above benefit or the amount thereof will be based upon the evidence available in my file.

To be completed by the Applicant / Beneficiary

Signature of Applicant / Beneficiary	**Date**
To be completed by a witness if signed with a mark "X" or by a representative of the Applicant / Beneficiary. If signed by a representative, consent is made on behalf of the Applicant / Beneficiary.	
Name	**Telephone Number**
Signature of Witness or Representative	**Date**
This authorization form shall be valid for 2 years from the date of signature unless previously revoked in writing by the applicant / beneficiary or the representative signing this form. Any photographic or facsimile copy shall be as valid as the original.	

Any personal information received by Service Canada is protected in accordance with the provisions under the *Canada Pension Plan* and/or *Old Age Security Act* and the *Privacy Act*. You have the right to request access to this personal information in your file.

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada