



FOR OFFICE USE ONLY
Date Stamp

AUTHORIZATION TO DISCLOSE

We need your consent if you want the Social Security Tribunal (SST) to deal with another person (such as your spouse or common-law partner, other family member, friend, paralegal, or lawyer) who would act as your representative for the purposes of your appeal.

1 - PERSON BEING REPRESENTED

First Name	Last Name	Social Insurance Number
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If you are an employer or association, complete the below.

Business Name	Business Number
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2 - REPRESENTATIVE INFORMATION Identify the individual you wish to authorize as your representative

Representative's First Name	Representative's Last Name
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Name of Representative's Company, Association, or Organization

Representative's Address (No., Street, Apt., R.R)	Suite / Unit Number
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City	Province / Territory / State	Country
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Postal / ZIP Code	Telephone Number	Fax Number
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Other Telephone Number	E-Mail Address
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3 - DECLARATION AND SIGNATURE

I give the Social Security Tribunal permission to disclose to my representative, any and all information, either orally or in writing concerning my appeal under the *Canada Pension Plan Act*, *Employment Insurance Act*, or *Old Age Security Act*.

Appellant Signature	Year Month Day
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Representative Signature	Year Month Day
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4 - NEXT STEPS

This Authorization to Disclose form is to be completed by an Appellant and submitted to:

Social Security Tribunal	Website: www.canada.gc.ca/sst-tss
P.O. Box 9812 STN T CSC	E-Mail: info.sst-tss@canada.gc.ca
Ottawa, Ontario	Telephone: 1-877-227-8577
K1G 6S3	Fax: 1-855-814-4117
	TTY: 1-800-465-7735

Disponible également en français

The information you provide is collected under the authority of the *Department of Human Resources and Skills Development Act, Old Age Security Act, Employment Insurance Act, and Canada Pension Plan* for authorizing a third party to act on your behalf for the purposes of your appeal.

The Social Insurance Number (SIN) is collected under the authority of the *Department of Human Resources and Skills Development Act*, and the *Social Security Tribunal Regulations* and in accordance with the Treasury Board Secretariat Directive on the SIN. The SIN will be used as a file identifier.

Participation is voluntary. Refusal to provide the specified personal information may prevent the appeal from being properly filed.

The information you provide will be shared with all the parties to the appeal including HRSDC and may also be shared with HRSDC for the purpose of reporting.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the *Department of Human Resources and Skills Development Act, Old Age Security Act, Employment Insurance Act, Canada Pension Plan* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) under development. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>.

Info Source may also be accessed on-line at any Service Canada Centre