



**LOCAL LABOUR FORCE DEVELOPMENT  
CONSENT TO DISCLOSE PERSONAL INFORMATION**

**Name:**

**Social Insurance Number:**

**Address:**

**Phone:**

I consent to the disclosure and use of information regarding my claims for Unemployment Insurance Benefits and/or Employment Insurance Benefits for the purpose of determining my eligibility for support. This consent is in force for a period of one year from this date unless notice in writing of its termination is given by myself. This information may be disclosed to the Saskatchewan Indian Training Assessment Group Inc. 100-103A Packham Avenue, Saskatoon, Sask.

**Signature:**

**Date:**

I, as a representative of the Saskatchewan Indian Training Assessment Group Inc. agree to use the information disclosed for the purpose of determining eligibility and not to further use or disclose this information.

**Signature:**

**Date:**