

Permission to Disclose Personal Information to a Third Party
(Section 53 of the *Act respecting access to documents held by public bodies and the protection of personal information*)

Section 1 Recipient or client

Last and first names		File number (CP-12)	
Address			
Municipality	Postal code	Telephone Area code	

Section 2 Permission

I, _____, hereby permit the Ministère du Travail, de l'Emploi et de la Solidarité sociale to provide the person named in Section 5 with the information at its disposal concerning the following: [Specify document(s) concerned.]

Note: Attach an extra sheet, if necessary

Section 3 Termination of permission

This permission expires _____ days after the date of signature, when it is revoked, or one year after the date of signature, whichever occurs first.

Section 4 Signature of recipient or client

I hereby declare that I have read and understand the scope of this document.

Date _____ Signature _____

Section 5 Person designated to receive the information

Last and first names		Organization (if applicable)		
Address			Title (if applicable)	
Municipality	Postal code	Telephone Area code	Fax Area code	

Section 6 Protection of personal information

The personal information collected by the Ministère du Travail, de l'Emploi et de la Solidarité sociale is required for the performance of its duties and will be handled in a confidential manner. The department will disclose this information only to its personnel or representatives for the application of this permission. The information may be consulted and inaccuracies may be corrected by contacting the departmental officer in charge of access to documents and the protection of personal information.

Section 7 Information or documents provided (to be completed by the department)

Date _____ Unité administrative _____ Signature de la personne représentant le Ministère _____

