



## Consent for Disclosure of Personal Information to a Third Party

**Please Note:** If you are not currently a McMaster Employee, a \$210.00 cheque payable to McMaster University should accompany this form. Please return to Human Resources Services, CSB Room 202

I am requesting that a letter, on McMaster University letterhead, be provided by the University to \_\_\_\_\_ (Please specify recipient) at the following fax number/address: \_\_\_\_\_ (Please specify recipient's fax number, email or mailing address).

Unless otherwise stated below, this letter will include the following information:

- Full name
- Start date and end date (if applicable) with the University
- Current position or last position held (if applicable) with the University
- Current wage rate or last wage rate held (if applicable) with the University

Additional information required in the letter:

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By my signature below, I hereby provide my consent to McMaster University to provide the requested letter to the third party named above. I acknowledge and agree that by obtaining my consent, the University has satisfied its obligations pursuant to sections 21 and 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990).

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, University Hall, Room 210, McMaster University.

_____ Printed Name of Employee	_____ McMaster University ID# (Required)
_____ Signature of Employee	_____ Date Signed

### Please complete and forward this form via fax or scanned email to:

Faculty of Health Sciences Human Resources	<b>Fax:</b> (905) 526-6623 <b>Email:</b> <a href="mailto:hrlink@mcmaster.ca">hrlink@mcmaster.ca</a>
HR Services for All Other Faculties/Departments (Excluding FHS)	<b>Fax:</b> (905) 525-8410 <b>Email:</b> <a href="mailto:working@mcmaster.ca">working@mcmaster.ca</a>