



**Individual Consent for Disclosure of Personal Information to Designated Third Party**

McMaster University collects and protects personal information pursuant to Section 39(2) and Section 42 of the *Freedom and Information and Protection of Privacy Act* of Ontario. If you require the disclosure of your personal information to another person, designated agent, legal counsel or for other purposes, please complete the following:

*Please Note: If you are not currently a McMaster Employee, a \$210.00 cheque payable to McMaster University must accompany this form. This fee supports the work required to retrieve past files from offsite and prepare the requested letter. Please return to Human Resources Services, CSB Room 202*

I \_\_\_\_\_, voluntary authorize and hereby request 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*) disclosing the personal information below:

- 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:

---



---

By my signature below, I hereby authorize and direct McMaster University to provide the requested letter to the third party named above.

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
McMaster University ID# (Required)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

**\*This consent may be revoked at any time by so indicating in writing.**

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

Faculty of Health Sciences Human Resources

Email: [hrlink@mcmaster.ca](mailto:hrlink@mcmaster.ca)

HR Services for All Other Faculties/Departments  
(Excluding FHS)

Email: <http://www.workingatmcmaster.ca/contacts/>