



CONSENT TO INDIRECTLY COLLECT, USE AND DISCLOSE INFORMATION

Personal Information is collected under the authority of Section 29(c) of the Access to Information and Protection of Privacy Act (ATIPP) for the purpose of providing COVID-19 financial relief. Should you have any questions on the collection, use or disclosure of your personal information, please contact the department's privacy officer Tim Sellars, Director Corporate Services.

Email: tim.sellars@yukon.ca

Phone: (867) 667-3009

Mail: Box 2703 (L-1)

Whitehorse, YT | Y1A 2C6

I, _____ hereby give permission for the indirect collection, use and

Name of designated representative

disclosure of personal information, business information, business activity and/or financial information for

Legal name of business

Operating name of business
(if different from legal name)

between Tourism and Culture and agencies and persons specified below for the purpose of assessing the financial needs of the business for the purpose of obtaining support, case planning and coordination of programming through the Tourism Accommodation Sector Supplement (TASS), Tourism Non-Accommodation Sector Supplement (TNASS), Yukon Business Relief Program (YBRP), Northern Business Relief Fund (NBRF) and/or Tourism Cooperative Marketing Fund (TCMF).

Person or agency to indirectly collect and disclose information with:

Note any specific/relevant details or exclusions:

- Initials: _____ Department of Tourism and Culture
- _____ Department of Economic Development
- _____ Department of Education
- _____ Canadian Northern Economic Development Agency (CANNOR)
- _____ Other: _____

The release/exchange becomes effective _____ (yyyy/mm/dd) and will be in effect for 12 months. This consent may be cancelled at any time by contacting the Tourism and Culture privacy officer at Tim.Sellars@gov.yk.ca

Limits to Confidentiality

Tourism and Culture respects your right to have your information held in the strictest confidence. No personal or business information will be released to another agency or person unless:

- 1) you have signed this form or a similar form authorizing the release of information, or
- 2) it is ordered by a court, or
- 3) is required to be disclosed by law

Name of designated representative
(Print)

Signature of designated
representative

Date (yyyy/mm/dd)

Phone Number