

YUKON NOMINEE PROGRAM, YUKON TEMPORARY FOREIGN WORKER PROGRAM, YUKON BUSINESS NOMINEE PROGRAM

AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

This form is for foreign nationals who wish to authorize the Yukon Nominee Program, Yukon Temporary Foreign Worker Program or Yukon Business Nominee Program to release their personal information to an individual they designate.

The individual you designate will be able to obtain information on your case file, such as the status of your application. However, the individual will not be a representative who can conduct business on your behalf with the Yukon Nominee Program, Yukon Temporary Foreign Worker Program or Yukon Business Nominee Program.

 Choose one: ☐ I authorize the Yukon Nominee Program, Yukon Temporary Foreign Worker Program or Yukon Business Nominee Program to release information from my file to the individual designated below. ☐ I withdraw my authorization to release information from my file to the individual designated below. 						
1. YOUR INFORMATION Last name (surname)	First name(s)			Date of birth YYYY/MM/DD		
2. EMPLOYER INFORMATION (for the Yukon Nominee or Yukon Temporary Foreign Worker Programs only)						
Business name		Off	ficer	with signing au	thority for this business	
3. YOUR DESIGNATED INDIVIDUAL'S INFORMATION						
Last name (surname)		First name(s)				
Name of business or organization (if applicable)						
Mailing address			City			
Province/State/Territory	Country			Postal/zip code		
Country code	Area code and phone number			Email (if applicable)		
Relationship to the foreign national						

Access to Information and Protection of Privacy Act: This information is collected for the purpose of administering an economic development program pursuant to Section 8 and 9 of the Economic Development Act, as amended. Personal information on this form is collected under the authority of Section 29(c) of the Access to Information and Protection of Privacy (ATIPP) Act for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use, and disclosure of your personal information are managed in accordance with the ATIPP Act and all or part of this information may be made available to the public. For more information about the collection, use and disclosure of your personal information, please contact the Department of Economic Development's ATIPP coordinator/records officer 867-697-5946, or privacy officer/director of Finance, Administration and Systems 867-667-5933.

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4. YOUR DECLARATION					
4A. If you are giving authorization:					
I authorize the Yukon Nominee Program, Yukon Temporary Foreign Worker Program or the Yukon Business Nominee Program to release information from my file to the individual named above.					
I understand that this consent only allows the disclosure of my personal information and that of my dependent children as defined in the Yukon Nominee Program, Yukon Temporary Foreign Worker Program or Yukon Business Nominee Program's policies.					
\Box I further authorize the designated individual to update the address listed in my file as required.					
☐ I am aware that any information released is subject to the <i>Access to Information and Protection of Privacy Act</i> (ATIPP).					
☐ I understand the above statements, having asked for and obtained an explanation for every point that was not clear to me.					
☐ I declare that the information I have given is truthful, complete and correct.					
4B. If you are withdrawing your authorization:					
☐ I withdraw my authorization to release information from my case file to the individual named above.					
Signature of applicant	Date YYYY/MM/DD				
Signature of designated individual	Date YYYY/MM/DD				
Signature of employer	Date YYYY/MM/DD				