

**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 \_\_\_\_\_

