

# YUKON NOMINEE PROGRAM/YUKON TEMPORARY FOREIGN WORKER PROGRAM

## AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

This form is for foreign nationals who wish to authorize the Yukon Nominee Program and Yukon Temporary Foreign Worker 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, he or she will not be a representative who can conduct business on your behalf with the Yukon Nominee Program or Yukon Temporary Foreign Worker Program.

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### Choose one:

- I authorize Yukon Nominee Program and Yukon Temporary Foreign Worker 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 full name

Family name (Surname)	Given name
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#### 2. Your date of birth

Date (YYYY-MM-DD)
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#### 3. Employer

Business Name
Officer with Signing Authority for this Business

#### 4. Your designated individual's full name

Family name (Surname)	Given name
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#### 5. Your designated individual's contact information

Name of firm or organization (if applicable)	
Mailing address	
City	Province/State/Territory
Country	Postal code/Zip
Country Code	Area Code and Telephone Number
E-mail address (if applicable)	
Relationship to the foreign national	

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### 6. Your Declaration

If you are giving authorization

- I authorize the Yukon Nominee Program and Yukon Temporary Foreign Worker 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 and Yukon Temporary Foreign Worker Program's policies.
- 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 Access to Information and Protection of Privacy Act
- I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.
- I declare the information I have given is truthful, complete and correct.

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
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Signature of designated individual
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Date (YYYY-MM-DD)
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Date (YYYY-MM-DD)
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Signature of employer
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Date (YYYY-MM-DD)
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This information is being collected by the Government of Yukon under the authority of the *Canada Yukon Co-operation Agreement on Immigration* and its respective regulations, policies and guidelines, for the purpose of *facilitating information-sharing between the above-named parties and the Government of Yukon*. It will not be used for any other purpose without the consent of the applicant.