

**PROTECTED B WHEN COMPLETED**

**AUTHORIZATION TO DISCLOSE AND COLLECT INFORMATION  
SARS INITIATIVE**

Name

Home address

Telephone number

**I hereby authorize** Human Resources Canada to disclose any relevant information contained in my application for a grant to my employer or to the contact person named in my application for the purpose of determining whether I am entitled to a grant under the SARS initiative administered under the authority of the Department of Human Resources Development Act.

**I also authorize** my employer or the contact person named in my application to disclose information to Human Resources Development Canada, for the purpose of determining whether I am entitled to a grant under the SARS initiative administered under the authority of the Department of Human Resources Development Act.

**I understand** that completion of this form is voluntary; however, failure to do so I may result in my not being considered for such grant.

Please select one of these options:

\_\_\_\_\_ Yes, I agree to the disclosure and collection of information as stated herein

\_\_\_\_\_ No I do not agree to the disclosure and collection of information as stated herein

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Your personal information is administered in accordance with the *Human Resources Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. Instructions for obtaining this information are outlined in the government publication, entitled *Info Source*, a copy of which is located at all Human Resources Centres. *Info Source* is also available at the following web site address, <http://infosource.gc.ca>.