

Click on any field to start editing.

Consent to Release of Personal Information

Please print

I, _____, of _____
(Name) (City and Province)

hereby authorize the Workers' Compensation Board of Saskatchewan (the WCB) to release information to _____ from any files in their possession, which relate to

WCB claim number: _____

I understand that, in accordance with WCB policies and procedures pertaining to the The Freedom of Information and Protection of Privacy Act, the WCB will not provide the claim record to the above-named Company or Individual, unless required by law to do so.

The WCB will respond to specific questions from the Company or Individual named above.
I further understand that this consent applies for this particular Company or Individual only, and only for the specific questions for which information is being sought.

I hereby waive any privilege or right to privacy which I may have pursuant to the provisions of The Workers' Compensation Act, 2013.

Dated this _____ day of _____, 20____ at _____ in the Province of _____.

Witness

Signed

Print name

Print name

*** This information is being provided on the condition that all the materials contained herein will only be used for the intended purpose as outlined in your request. The Workers' Compensation Board will not be held liable for any misuse of the materials once they are received by the recipient named above.**

