



Authorization to Disclose

TO BE COMPLETED BY APPELLANT AND/OR ADDED PARTY: APPEAL #: _____

I, _____, give the Office of the Commissioner of Review Tribunals permission to disclose to my representative, any and all information, either orally or in writing concerning my appeal under the *Canada Pension Plan Act* or the *Old Age Security Act*.

Representative's Name: _____

Mr. Mrs. Miss Ms. Dr.

Address: _____

City: _____ **Province:** _____

Country: _____

Postal Code: _____

Telephone Number(s): _____ (_____) _____

Fax Number (if applicable): _____ (_____) _____

E-mail (if applicable): _____

Appellant or Added Party Signature

Date

NOTE TO APPELLANT, ADDED PARTY AND/OR REPRESENTATIVE

All information provided under this authorization is privileged and confidential and must not be disclosed to anyone without the consent of the Appellant and/or Added Party as otherwise permitted by law.

Please return this form to:

Office of the Commissioner of Review Tribunals
Canada Pension Plan / Old Age Security
P.O. Box 8250, Station 'T'
Ottawa, ON K1G 5S5

P.O. Box/CP 8250 - Station/Succursale 'T' - Ottawa, Ontario - K1G 5S5
Telephone/Téléphone: 1-800-363-0076 Facsimile/Télécopieur: 1-866-263-7918
TTY/ATS: 1-866-203-7625

www.ocrt-bctr.gc.ca Email/Courriel: info@ocrt-bctr.gc.ca