



Authorization to Disclose

TO BE COMPLETED BY APPELLANT AND/OR ADDED PARTY

Appeal #: _____

For the purposes of representing me in my appeal, I, _____,

(Name)

give the Office of the Commissioner of Review Tribunals permission to give information regarding my Canada Pension Plan or Old Age Security appeal to the following representative:

Representative's Name: _____

Address: Apt, Street No, Street: _____

City: _____ **Province:** _____

Country: _____

Postal Code: _____

Telephone Number: () _____

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 Added Party or 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: 1-613-941-3348
www.ocrt-bctr.gc.ca Email/Courriel: info@ocrt-bctr.gc.ca