**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

*Freedom of Information and Protection of Privacy Act*

and

*Personal Information Protection Act*

This form serves as consent by the applicant for the Office of the Information and Privacy Commissioner (OIPC) to disclose information, including the applicant’s personal information, to another individual who the applicant authorizes as his or her agent in relation to a request for review or complaint.

I, , ( )

Name of Applicant Preferred pronoun

hereby authorize the OIPC to disclose information, including my personal information, to

Name of Agent

in the matter involving

Name of Public Body or Organization

and relating to .

Description of request for records or complaint.

This consent to remain in effect until the conclusion of the review or complaint or Inquiry into same, or until the applicant withdraws consent in writing to the OIPC.

Address of Applicant:

Phone # of Applicant:

Alternate Phone #:

Email of Applicant:

Signature: Date:

Witness: Date:

Witness Name and Address:

*(The Witness must be a neutral third party that knows the Applicant, and cannot be the Agent)*

If you are acting on behalf of an applicant, and you are unable to obtain consent, or the applicant is incapable of providing consent, you must include proof of your authority to act on behalf of the applicant as set out in Regulation 4 of the *Freedom of Information and Protection of Privacy Act* Regulation, or Regulation 2 of the *Personal Information Protection Act* Regulation.