



Authorization of Representative

I, _____ ,

living at _____ , in the province of _____ ,

authorize _____

living at _____ , in the province of _____ ,

as my personal representative to act on my behalf, and to exercise:
(select one)

- all my rights under the *Freedom of Information and Protection of Privacy (FOIP) Act*
- my right to access all my records containing personal information in all categories of personal information
- my right to access all of the following records containing personal information or all of the following categories of personal information (*number and titles of records or categories*):

- the rights that I have under the FOIP Act regarding the following other matters (*e.g. consent to disclose personal information*):

I confirm that my representative has the authority to exercise the above right(s) under the Act for me.

This authorization will be in effect until _____ .
Date

Name Signature Date

in the presence of _____
Name of Witness Signature of Witness Date