



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 Strathcona Regional District (SRD) 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

hereby authorize the SRD 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 sooner of conclusion of the review or complaint or Inquiry into same, or until the applicant withdraws consent in writing to the SRD.

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.