

Proof of Authority Form

Personal information on this form is collected under the Newfoundland and Labrador *Access to Information and Protection of Privacy (ATIPP) Act, 2015* and will be used to designate an **authorized representative** to make a Personal Information Request or requests for correction of personal information on the behalf of another individual (the “**individual**”). Attach this form to the Information Request form or Request for Correction of Personal Information Form and submit as part of that request.

1. PROOF OF AUTHORITY

To Which Public Body Are You Submitting this Proof of Authority? _____

2. INFORMATION ABOUT INDIVIDUAL

Individual's Name: _____

Organization (where applicable): _____

Address: _____

_____ Postal Code: _____

Daytime Telephone #: () _____

Facsimile #: () _____

E-Mail: _____

3. CONSENT

Pursuant to Section 108 of the ATIPP Act:

I, _____ (*Individual's Name*) hereby give authorization to _____ (*Name of Authorized Representative*) as my personal representative to act on my behalf, and to exercise:

<input type="checkbox"/>	My right to access <u>all of my records</u> containing personal information
<input type="checkbox"/>	My right to access my records, as indicated on the Access to Information Request Form (Form 1)
<input type="checkbox"/>	My right to request correction(s) to my personal information, as indicated on the Request for Correction of Personal Information Form

Please select:

<input type="checkbox"/>	This consent will expire upon completion of the request.
<input type="checkbox"/>	This consent will expire on (YYYY-MM-DD): _____

Individual's Signature: _____ Date: _____

YYYY-MM-DD

Witness Signature: _____ Date: _____

YYYY-MM-DD

Note: You may revoke this Proof of Authority at any time by contacting the above public body

Personal information collected on this form is protected by the *Access to Information and Protection of Privacy Act*. Inquiries about the use and protection of this personal information should be directed to the Access and Privacy Coordinator of the public body to whom the application is sent.