

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 your behalf. 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. APPLICANT INFORMATION

Applicant Name: _____

Organization (where applicable): _____

Address: _____

Postal Code: _____

Daytime Telephone #: () _____

Facsimile #: () _____

E-Mail: _____

3. CONSENT

Pursuant to Section 108 of the *ATIPP Act*:

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

My right to access all of my records containing personal information

My right to access my records, as indicated on the Access to Information Request Form (Form 1)

My right to request correction(s) to my personal information, as indicated on the Request for Correction of Personal Information Form

Please select:

This consent will expire upon completion of the request.

This consent will expire on (YYYY-MM-DD): _____

Applicant'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.