

Appendix D: Authorization of Representative

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* and will be used to designate an *authorized* representative to make Person 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.

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| 1. PROOF OF AUTHORITY |
| To Which Public Body Are You Submitting this Proof of Authority? _____ |

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| 2. APPLICANT INFORMATION |
| Applicant Name: _____ |
| Organization (where applicable): _____ |
| Address: _____ _____ _____ |
| Postal Code: _____ |

| | |
|------------------------------------|----------------------------|
| Daytime Telephone #: () _____ | Facsimile #: () _____ |
| E-Mail: _____ | |

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| 3. CONSENT |
| Pursuant to Section 65 of the <i>ATIPP Act</i> : I, _____ (Your 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): _____ |

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