

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, ar select one)	nd to exercise:	
all my rights under the Freedom of Information	on and Protection of Privacy (FOIP) Act	
my right to access all my records containing p	personal information in all categories of	personal information
my right to access all of the following records categories of personal information (number an		f the following
the rights that I have under the FOIP Act regardisclose personal information):	arding the following other matters (e.g. o	consent to
I confirm that my representative has the authority to e	exercise the above right(s) under the Act	for me.
This authorization will be in effect until	·	
	Date	
Name	Signature	Date
n the presence of		
Name of Witness	Signature of Witness	Date