Authorization Form

I, _____

living at _____, in the province of _____,

authorize _____

living at _____, in the province of _____,

as my personal representative to act on my behalf, and to exercise:

(select one)

☐ all my rights under the *Access to Information Act (ATIA)* and *Protection of Privacy Act (POPA)*

☐ my right to access all my records containing personal information in all categories of personal information

☐ my right to access all of the following records containing personal information or all of the following categories of personal information (number and titles of records or categories):

☐ the rights that I have under the *ATIA* and *POPA* regarding the following other matters (e.g. consent to disclose personal information):

I confirm that my representative has the authority to exercise the above right(s) under the *Acts* for me.

This authorization will be in effect until _____.

_____   _____   _____

              Name   Signature   Date

Personal information is collected for the purpose of processing your request to correct personal information and will be used to contact you. Collection is authorized under section 4(c) of the *Protection of Privacy Act (POPA)* and is managed and protected in accordance with the *Act* . The City intends to input the information into an automated system to generate content or make decisions, recommendations or predictions in accordance with the City of Edmonton Generative AI Standard. Questions about the collection, please contact the Corporate Access Manager, 16th floor, Century Place, 9803 - 102A Avenue NW, Edmonton, AB T5J 3A3, 780-496-5222.