



Proof of Authority

Personal information on this form is collected in accordance with Newfoundland and Labrador’s *Access to Information and Protection of Privacy (ATIPP) Act* and will be used to designate an *authorized representative* to make Personal Information Requests on your behalf. Attach this form to the *Personal Information Request* form and submit as part of that request.

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

(Name of Public Body)

Pursuant to Section 65 of the *Access to Information and Protection of Privacy (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

Or

My right to access my records, as indicated on the *Personal Information Request* form

Or

My right to request correction(s) to my personal information, as indicated on the *Personal Information Request* form

Please select:

This consent will expire (YYYY-MM-DD): _____/_____/_____(Please specify a date)

Or

This consent will expire upon completion of the request.

Applicant’s Signature:

Date: (YYYY-MM-DD)

Witness Signature:

Date: (YYYY-MM-DD)

Applicant Address:

Applicant Telephone #:

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