

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, and to exercise:
(select one)

- all my rights under the *Freedom of Information and Protection of Privacy Act*
- 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 *Freedom of Information and Protection of Privacy Act* 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 Act for me.

This authorization will be in effect until

Signed By _____ in the presence of _____
Signature of Authorizing Person Signature of Witness

(See Affidavit of Witness form to complete)

Affidavit of Witness

CANADA

IN THE PROVINCE OF ALBERTA

I, _____ ,
Name of the Witness in Full

Occupation of Witness

of _____ ,
Complete Home Address of Witness

in the province of _____ , make oath and say that:

1. I was personally present and I saw _____
Name of Individual
sign the Authorization of Representative form to which this is attached.

2. The Authorization of Representative form was signed by _____
Name of Individual
at _____ , in the province of _____
and that I am the one who witnessed the form.

3. I know _____ and I believe that he/she is
Name of Individual
18 years of age or older.

Signature of Witness

Sworn before me at _____)
_____)
in the province of _____)
_____)
on _____)

Commissioner for Oaths

Print Name

Expiry Date of Commission