



Access to Information and Protection of Privacy Coordinator

Proof of Authority Form

Personal information on this form is collected under Newfoundland and Labrador's *Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)* and will be used to designate an authorized representative to make a Personal Information Request or requests for correction of personal information on your behalf. Attach this form to [Form 1 – Access to Information Request] or [Request for Correction of Personal Information Form] and submit as part of that request.

1. PROOF OF AUTHORITY			
To which public body are you submitting this Proof of Authority?			
2. APPLICANT INFORMATION			
Applicant Name:			
Organization: (Optional)			
Address:			
Postal Code:			
Daytime Phone: ()		Facsimile: ()	
E-Mail:			
3. CONSENT			
Pursuant to Section 108 of the <i>ATIPPA, 2015</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 all of my records 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 one of the following:			
<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

Personal information collected on this form is protected by the *ATIPPA, 2015*. Inquiries about the use and protection of this personal information should be directed to the ATIPP Coordinator of the public body to whom the application is sent.