

Authorization of Representative

I, _____ living at _____
print full name (street address, city,

in the province of _____, authorize _____ living at _____
print full name

_____, in the province of, _____.
street address, city

to act on my behalf as my personal representative, and to exercise:
(select one)

- All my rights under the Access to Information Act (ATIA)
- 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 right the I have under the Access to Information regarding the following other matters (e.g. consent to disclosure 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 _____.
Insert date

Signed by _____ in the presence of _____
Signature of authorizing person Signature of Witness*

*Affidavit of Witness form to be completed

Affidavit of Witness

CANADA IN THE PROVINCE OF ALBERTA

I, _____,
Full Name of Witness

Occupation of Witness

of _____,
Complete Home Address of Witness

in the province of _____, make an 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 _____
Name of Individual
and I believe that they are 18
years of age or older.

Sworn before me

at the _____ of _____
in the province of Alberta,
this _____ day of _____, 20 _____

Signature of Commissioner for Oaths

Signature of Witness

Commissioner Stamp