



Office of the
Privacy Commissioner
of Canada

Commissariat
à la protection de
la vie privée du Canada

**Authorization to act as a representative for a request for access to information and
personal information under the *Access to Information Act***

I, _____ authorize _____
Full name Name of representative

to act as my sole representative for the purposes of a request for access to information submitted to the Office of the Privacy Commissioner of Canada under the *Access to Information Act*. The relevant request for access to information, or a copy of that request, is attached to this form.

I understand that, by appointing a representative, all of my communications with the Office of the Privacy Commissioner of Canada for the purposes of my request for access to information will be made exclusively through my representative. I also understand that, as a result of this authorization, my representative will have the authority to make binding decisions on my behalf regarding my request for access to information.

I authorize the Office of the Privacy Commissioner to release information, including personal information pertaining to me, to my representative, both in response to, and as is necessary to process, my request for access to information.

- Access to information request or a copy thereof is attached to this form.
- I am a Canadian citizen, permanent resident, or an individual present in Canada.

Signature Date (dd/mm/yyyy)

Contact information of representative:

Address
Telephone number and email address

NOTE: This authorization is only valid for one time use. A new authorization form must be filled out for every request you submit.