



**FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY**

**CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION\***

To: Freedom of Information Coordinator  
Regional District of Fraser-Fort George  
155 George Street  
Prince George, BC V2L 1P8

I, \_\_\_\_\_, of \_\_\_\_\_,  
*(Print Name)* *(Print civic address)*

hereby authorize you to disclose and provide to \_\_\_\_\_ any and all records  
*(Print Applicant's name)*

that he/she may request and which are in the custody or under the control of the Regional District of Fraser-Fort George,

**save and except as follows:**

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This authorization shall continue in effect until \_\_\_\_\_, or until such time as I may advise you in  
writing that it has been revoked. *(date)*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
*(Signature)*

\*Note: this form to be used when an applicant wishes to allow another party (eg agent or lawyer) to have access to records containing personal information about the applicant.