



**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:

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writing that it has been revoked.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.