



### Authorization of Representative

I, \_\_\_\_\_ ,

living at \_\_\_\_\_ , in the province of \_\_\_\_\_ ,

authorize \_\_\_\_\_

living at \_\_\_\_\_ , in the province of \_\_\_\_\_ ,

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

- all my rights under the *Freedom of Information and Protection of Privacy Act*
- 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 rights that I have under the *Freedom of Information and Protection of Privacy Act* regarding the following other matters (*e.g. consent to disclose 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 \_\_\_\_\_.

**Signed By** \_\_\_\_\_ in the presence of \_\_\_\_\_  
Signature of Authorizing Person Signature of Witness

(See Affidavit of Witness form to complete)

Authorization of Representative & Affidavit of Witness – Request

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**Affidavit of Witness**

CANADA

IN THE PROVINCE OF ALBERTA

I, \_\_\_\_\_ ,  
Name of the Witness in Full

\_\_\_\_\_  
Occupation of Witness

of \_\_\_\_\_ ,  
Complete Home Address of Witness

in the province of \_\_\_\_\_ , make 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 \_\_\_\_\_ and I believe that he/she is  
Name of Individual  
18 years of age or older.

\_\_\_\_\_  
Signature of Witness

Sworn before me at \_\_\_\_\_ )  
\_\_\_\_\_)  
in the province of \_\_\_\_\_ )  
\_\_\_\_\_)  
on \_\_\_\_\_ )

\_\_\_\_\_  
Commissioner for Oaths

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Expiry Date of Commission