

### **Form 3 Consent to Disclosure of Information**

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**Province of Nova Scotia  
Freedom of Information and Protection of Privacy Act  
Subsection 21(4)  
Clause 27(b)**

TO: \_\_\_\_\_  
\_\_\_\_\_

*(Address to the IAP/FOIPOP Administrator or Deputy Minister of the public body where the information is filed or deposited.)*

1. This Consent arises out of an Application for Access to Records submitted to the \_\_\_\_\_ *(specify public body)* on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, for information relating to \_\_\_\_\_, a copy of which Application is attached as Schedule "A" to this Consent.

2. I, \_\_\_\_\_ *(specify name of person consenting)*, hereby give consent to the \_\_\_\_\_ *(specify name of public body)* and the head thereof to disclose to \_\_\_\_\_ *(specify name of applicant)* information listed in Schedule "B" attached to this Consent. *(List in Schedule "B" in detail full particulars of information with respect to which consent to disclose is given.)*

Date: \_\_\_\_\_

Signature of Person Consenting:

Print Full Name of Person Consenting:

\_\_\_\_\_

Mailing Address of Person Consenting:

*(Street/Apartment No./R.R. No.)*

\_\_\_\_\_

*(Community/County)*

\_\_\_\_\_

*(Postal Code)*

\_\_\_\_\_

Telephone Numbers of Person Consenting:

*(Residence)* \_\_\_\_\_ *(Business)* \_\_\_\_\_

Fax Number of Person Consenting: \_\_\_\_\_

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