

Form 4 Consent to use of Personal Information

**Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Clause 26(b)**

TO: _____

(Address to IAP/FOIPOP Administrator or Deputy Minister of the public body requesting consent.)

1.(a) I, _____ *(name of consenting individual)*, of _____
(address), do hereby give consent to the _____ *(name of public body)* and the
head thereof to disclose to _____ *(name of person or body)*, of
_____ *(address)*, the following information about me

(if insufficient space, list additional information on separate page); and

(b) to use the information for the following purposes:

_____.

Date: _____

Signature of Consenting Individual:

Print Full Name of Consenting Individual:

Mailing Address of Consenting Individual:
(Street/Apartment No./R.R. No.)

(Community/County)

(Postal Code)

Telephone Numbers of Consenting Individual:

(Residence) _____ *(Business)* _____

Fax number of Consenting Individual: _____

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