

**Consent to Disclose Information
For the Purposes of Access to Records Request***

I, _____,
(Print your name)

authorize _____
(Print name of information custodian)

to disclose

my information consisting of:

(Describe the information to be disclosed)

to _____
(Print name and address of person requiring the information)

I understand the purpose for disclosing this information to the person/entity noted above. I understand that I can refuse to sign this consent form.

My Name: _____ **Address:** _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

Witness Name: _____ **Address:** _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

***Request to access information under the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.**