

**AUTHORIZATION TO REPRESENT**

I, \_\_\_\_\_, of \_\_\_\_\_, authorize \_\_\_\_\_ to act as my agent and represent me in my complaint to the Office of the Information and Privacy Commissioner, dated \_\_\_\_\_, in **OIPC File Number** \_\_\_\_\_.

I authorize the Office of the Information and Privacy Commissioner to send correspondence to me in care of (c/o) \_\_\_\_\_, or correspond directly with \_\_\_\_\_, on my behalf, in relation to **OIPC File Number** \_\_\_\_\_, by regular mail or by using the following email address: \_\_\_\_\_.

I authorize \_\_\_\_\_ to receive, and the Office of the Information and Privacy Commissioner to disclose to \_\_\_\_\_, such personal information or personal health information about me as is necessary for the purposes of investigating and reviewing my complaint in **OIPC File Number** \_\_\_\_\_.

I understand that there are risks associated with sending personal information to an unsecured email address, including a risk that my information could be accessed by someone else in transit. I accept these risks, and consent to the Office of the Information and Privacy Commissioner sending personal information and personal health information about me to \_\_\_\_\_, at the email address: \_\_\_\_\_.

I understand that if my complaint is not resolved, the Office of the Information and Privacy Commissioner may issue a written decision, which will be published in a de-identified manner.

This designation and consent is for this complaint only, and will remain in place either until I revoke it in writing or until the conclusion of the complaint, whichever occurs first.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

**CONSENT AND ACKNOWLEDGEMENT**

I, \_\_\_\_\_, consent to act as agent for and represent \_\_\_\_\_ in relation to **OIPC File Number** \_\_\_\_\_.

As agent, I understand that I can only act on instructions from \_\_\_\_\_ and not on my own. I acknowledge that I am responsible for obtaining instructions from \_\_\_\_\_ prior to making representations on their behalf, and agree that I will act in a manner consistent with the instructions given to me by \_\_\_\_\_. I further understand and agree that I am responsible for ensuring that I keep informed of any and all activity in relation to **OIPC File Number** \_\_\_\_\_.

I also understand that this authorization is valid only for the purposes of **OIPC File Number** \_\_\_\_\_ and ends upon the conclusion of the complaint process or revocation of authorization by \_\_\_\_\_, whichever occurs first.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness