

**AUTHORIZATION TO
REPRESENT IN A REVIEW**

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| **Representative Information (complete only if you are represented by another person)** |

**I authorize the following person to act on my behalf and to receive any personal information about me, as necessary.**

|  |  |
| --- | --- |
| Last Name |       |
|  |  |
| First Name |       |
|  |
| Telephone Number |       | Fax Number |       |
|  |
| Email |       |
|  |  |
| Mailing Address |       |
|  |  |
| May a message be left at your representative’s telephone number? | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Applicable OIPC File Numbers** |

I authorize a representative for the following OIPC file number(s) set out below.

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|       |

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| **Signature of Authorizing Person and Date** |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Signature of Authorizing Person |  | Date |

|  |
| --- |
| **Submit** |

You may send this completed and signed form, along with the attachments to:

Office of the Information and Privacy Commissioner

Suite 410, 9925 109 Street NW

Edmonton, AB T5K 2J8

Or you may send this completed and signed form by fax to (780) 422-5682.

You may also complete and sign this form, scan it and email to generalinfo@oipc.ab.ca.