

## 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 the IAP/FOIPOP Administrator or to the 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/Cell)* \_\_\_\_\_

Fax number of Consenting Individual: \_\_\_\_\_

