

### Form 3: Consent to Disclosure of Information

**Province of Nova Scotia**  
***Freedom of Information and Protection of Privacy Act***  
**Subsection 21(4)**  
**Clause 27(b)**

TO: \_\_\_\_\_  
\_\_\_\_\_

*(Address to the IAP/ Administrator or to the Deputy Minister of the public body where the record is filed or deposited.)*

1. This Consent arises out of an Application for Access to Records submitted to the \_\_\_\_\_ *(specify public body)* on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for information relating to \_\_\_\_\_, a copy of which Application is attached as Schedule "A" to this Consent.

2. I, \_\_\_\_\_ *(specify name of person consenting)*, hereby give consent to the \_\_\_\_\_ *(specify name of public body)* and the head thereof to disclose to \_\_\_\_\_ *(specify name of applicant)* information listed in Schedule "B" attached to this Consent. *(List in Schedule "B" in detail full particulars of information with respect to which consent to disclose is given.)*

Date: \_\_\_\_\_

Signature of Person Consenting: \_\_\_\_\_

Print Full Name of Person Consenting: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address of Person Consenting:

*(Street/Apartment No./R.R. No.)*

\_\_\_\_\_  
\_\_\_\_\_

*(Community/County)*

*(Postal Code)*

Telephone Numbers of Person Consenting:

*(Residence)* \_\_\_\_\_ *(Business)* \_\_\_\_\_

Fax Number of Person Consenting: \_\_\_\_\_