District of Nipissing Social Services Administration Board

Conseil d'administration des services sociaux du district de Nipissing

Finance and Administration (Risk)

Consent to Disclose Personal Information

Release of Records under the Municipal Freedom of Information and Protection of Privacy Act.

I, (first and last name) _____, authorize the District of Nipissing Social Services Administration Board to disclose

☐ **My personal information consisting of**

_____

(Describe the personal information to be disclosed)

OR

☐ **The personal information of**

_____

*Name of person for whom you have authority to request information**

Consisting of

_____

(Describe the personal information to be disclosed)

To: _____

(first and last name/company name and address of person requiring the information)

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

My Name (First and Last Name)	Telephone Number
Signature	Date
Witness Name (First and Last Name)	Telephone Number
Signature	Date

This authorization is valid for six (6) months unless revoked.

***Please note: If you are giving consent on behalf of someone else, you need to provide supporting documentation such as a power of attorney, guardianship, custody agreement or certificate of appointment of estate trustee. Parents and guardians with custody may request information for minors under 16 years of age.**

NOTICE OF COLLECTION

Personal Information on this form is **collected** under the legal authority of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56* (as amended), and will be **used** to answer your request. Questions and complaints about the collection, use, or disclosure of personal Information on this form should be directed to the **Risk Management Specialist,** 200 McIntyre Street East, North Bay, ON, P1B 8V6, 705-474-2151 Ext. 63139 and/or risk@dnssab.ca.