

Authorization of Representative

l,	
living at	, in the province of
authorize	
living at	, in the province of
as my per (select on	sonal representative to act on my behalf, and to exercise: e)
al	I my rights under the Freedom of Information and Protection of Privacy Act
m	y right to access all my records containing personal information in all categories of personal information
	y right to access all of the following records containing personal information or all of the following ategories of personal information (number and titles of records or categories):
	e rights that I have under the Freedom of Information and Protection of Privacy Act regarding the Illowing other matters (e.g. consent to disclose personal information):
I confirm t	hat my representative has the authority to exercise the above right(s) under the Act for me.
This author	prization will be in effect until
Signed B	y in the presence of Signature of Authorizing Person Signature of Witness
	(See Affidavit of Witness form to complete)

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Affidavit of Witness

CANADA

IN THE PROVINCE OF ALBERTA

l, _	,
Name of the Witnes	s in Full
Occupation of Wi	tness
ofComplete Home Addres	s of Witness
in the province of	, make oath and say that:
I was personally present and I saw	
sign the Authorization of Representative form to	Name of Individual
2. The Authorization of Representative form was sig	gned by
	, in the province of
and that I am the one who witnessed the form.	
3. I know Name of Individual 18 years of age or older.	and I believe that he/she i
	Signature of Witness
Sworn before me at)
in the province of)))
on)
Commissioner for Oaths	
Print Name	Expiry Date of Commission

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