

Form 4
Consent to use of Personal Information
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Clause 26(b)

(Address to Deputy Minister or senior administrative officer of the public body requesting consent.)

TO: Selena Henderson
Corporate Secretary/In-House Counsel
Halifax Regional Centre for Education 33
Spectacle Lake Drive
Dartmouth NS B3B 1X7
Email: iap@hrce.ca

1. 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*)

Fax number of Consenting Individual: _____