



CONSENT & AUTHORIZATION FORM - DESIGNATE A REPRESENTATIVE OR THIRD-PARTY DISCLOSURE

Olds College will not disclose your personal information without your consent unless authorized under Alberta's *Access to Information Act (ATIA)* and *Protection of Privacy Act (POPA)*. The purpose of this form is to designate a third part to act as your representative under the ATIA and POPA or to obtain your consent to disclose your personal information to a third party. This form is not intended for use in designating an emergency contact, issuing a personal directive, or granting power of attorney.

About you	Title	First Name	Last Name
	Relationship to Olds College and identifying employee or student number (if applicable)		
	Mailing Address		
	City or Town	Province	Postal Code
	Phone	Email	

About your request	<p>What kind of consent and authorization are you providing?</p> <p><input type="checkbox"/> I consent to designate a representative to act on my behalf in communications with Olds College or exercise any right or power on my behalf in accordance with section 86 of the ATIA and section 54 of POPA.</p> <p><input type="checkbox"/> I consent to disclose all records containing my personal information in the custody and control of Olds College to a third party in accordance with section 13(1)(c) of POPA.</p> <p><input type="checkbox"/> I consent to disclose the following records containing my personal information in the custody or under the control of Olds College to a third party in accordance with section 13(1)(c) or POPA:</p>
	<p>What records are you granting access to? Please give as much detail as possible. If you need more space, please attach a separate sheet of paper.</p>

Duration of your Consent	<p>How long will this consent be valid? If this section is left blank, your consent will be effective as of the date this form is signed by you, and it will be valid for one (1) year from the date of signature.</p>
	<p>Date this consent and authorization is effective:</p>
	<p>Date this consent and authorization expires:</p>

About the Third Party/Parties	Title	First Name	Last Name
	Name of company or organization (if applicable)		
	Mailing Address		
	City or Town	Province	Postal Code
	Phone	Email	

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	Name of company or organization (if applicable)		
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	Phone	Email	

Verifying your identity	<p>How will you verify your identity? Olds College is required to take reasonable steps to verify the identity of any person designating a representative or consenting to disclosure of their personal information under ATIA and POPA.</p> <p>What method of verification will you provide?</p> <p><input type="checkbox"/> Complete and submit a commissioned Affidavit of Witness (refer to Appendix A).</p> <p><input type="checkbox"/> Present a piece of government issued ID to the Access and Privacy Office (in-person or virtual meeting can be arranged)</p> <p>I acknowledge that I have read and understood this consent and authorization form. I understand that granting my consent is voluntary and that I may revoke my consent at any time in writing. I also understand that this form constitutes valid consent under Alberta's <i>Access to Information Act</i> (ATIA) and <i>Protection of Privacy Act</i> (POPA). No adverse consequences will arise if I do not complete this form. I release the Governors of Olds College from any liability with respect to disclosure of my personal information to the authorized Third Party as set out in this form above. This form must be signed to be valid. A photocopy, electronic scan or other facsimile copy of this consent and authorization form is valid as the original.</p>
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Your signature	Signature	Date
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FOR OFFICE USE ONLY	
Date Received	
Verification Method ____ In-person ____ Virtual	Verified By

The personal information collected through this Consent and Authorization form is collected under the authority of section 4(c) of the *Alberta Protection of Privacy Act* (POPA). It will be used for the purpose of assessing and processing your request and may also be used for program evaluation and improvement purposes. For questions about this form or the collection, use or disclosure of your personal information, please contact the Olds College Access & Privacy Coordinator at privacy@oldscollge.ca.



Appendix A: Affidavit of Witness

AFFIDAVIT OF WITNESS

CANADA
IN THE PROVINCE OF ALBERTA

I,

Name of the Witness in Full

Occupation of the Witness

of _____

Complete Home Address of Witness

in the province of _____, make oath and say that:

I was personally present and I saw: _____

Name of individual

sign the Consent and Authorization form to which this Affidavit of Witness is attached. The

form was signed at _____, in the province of _____

and I verified the identity of the individual prior to signing.

SWORN BEFORE ME at _____)

In the province of _____)

On _____)

Commissioner for Oaths

Signature of Witness

How to Complete this Form

Olds College is required to obtain your consent prior to taking any direction from a third party on your behalf, and/or prior to disclosing your personal information to somebody that is not you. If you need help completing the form, please contact the Access & Privacy Coordinator at privacy@oldscollege.ca

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Then enter your relationship with Olds College and ID#, if applicable. Enter your complete mailing address and your home and cell phone numbers. Olds College may need to contact you if there are any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

About your Request

What is the kind of consent and authorization you are providing? Indicate whether you are designating a third party to act on your behalf and exercise all rights under the ATIA and POPA, and/or whether you are consenting to the disclosure of records containing your personal information to a third party.

If you are requesting disclosure of your personal information, please confirm whether you want to grant access to all records in the College's custody or control, or only certain records. Please describe the records in as much detail as possible. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form. There is no fee for accessing personal information unless the cost of producing copies is more than \$10. In these cases, you will be notified of the fee.

Duration of your Consent

How long will this consent be valid? Please specify the date that you would like this consent form to come into effect and how long before your consent expires. You may also revoke your consent at any time in writing, regardless of the expiry date you indicate using this form. If this section is left blank, your consent will be effective as of the date this form is signed by you, and it will be valid for one year from the date of signature.

About the Third Party/Parties

Please include all of the personal details and contact information of the Third Party (or Parties) that you would like to designate as a representative or to and/or that you would like Olds College to disclose your personal information to. The College will communicate directly with the Third Party once this form has been signed and for the duration in which it remains valid.

Verifying your Identity

How will you verify your identity? Olds College is required to take reasonable steps to verify the identity of any person designating a representative to act on their behalf and/or consenting to disclosure of their personal information under the ATIA and POPA. This is to ensure that we actually have your consent before we disclose your personal information.

You can verify your identity in two ways:

- Have a witness watch you sign the form and ask them to commission the Affidavit of Witness (see Appendix A); or
- Arrange for an in-person or virtual meeting with the Access & Privacy Office to present your government issued ID. Note that the Affidavit of Witness will need to be commissioned by a Commissioner of Oaths legally authorized to administer oaths in the jurisdiction in which the affidavit was sworn or affirmed.

Please do not send copies of your government issued photo ID or other supporting documentation to the Access & Privacy Office. Sign and date the form and send it to the Access & Privacy Office.