



Consent Form to Disclose Personal Information to a Designated Third Party

Complete this form to authorize the Canada Council for the Arts to release your personal information to someone other than yourself and submit to:

**ATIP Coordinator
Canada Council for the Arts
350 Albert St., PO Box 1047
Ottawa, ON
K1P 5V8**

or by email to: atip-aiprp@canadacouncil.ca

CHOOSE ONE

- I authorize the Canada Council for the Arts to release personal information to the following individual.
- I withdraw my authorization to release my personal information to the following individual.

NAME AND LOCATION OF APPLICANT

Your full first name (PRINT)

Family name (Surname)

Given name(s)

Your date of birth

Address

City

Province/Territory

Postal Code

Telephone number

Email address

NAME AND LOCATION OF DELEGATE

Your designated individual's full first name (PRINT)

Family name (Surname)

Given name(s)

Date of birth

Mailing Address

City

Province/Territory

Postal Code

Telephone number

Email address

I hereby authorize _____
to act on my behalf for the purposes of requests for information to the Canada Council for the Arts under the [Access to Information Act](#) or [Privacy Act](#), which includes personal information pertaining to me.



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DECLARATION

I understand the following statements and have asked and obtained an explanation for every point that was not clear to me.

- I authorize Canada Council for the Arts to release my personal information to the individual named above.
- I understand that this consent only allows disclosure of my personal information.
- I understand the information may be subject to exemption in accordance with the aforementioned Acts.
- I further authorize the designated individual to update my contact information listed in my file as required.

If you are withdrawing your authorization

- I withdraw my authorization to release my personal information to the individual named above.

This authorization is valid for two years from the date signed below.

Signature of applicant

Date

The information you provide on this form is collected under the authority of the *Privacy Act* and will be used in assessing your request according to the requirements of the Act. It will be retained in a Personal Information Bank identified in [Info Source](#). It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the [Privacy Act](#) and the [Access to Information Act](#) individuals have the right to protection of and access to their personal information.