



Authorization of Representative

I, _____ ,

living at _____ , in the province of _____ ,

authorize _____

living at _____ , in the province of _____ ,

as my personal representative to act on my behalf, and to exercise my right to access all my records containing personal information

I confirm that my representative has the authority to exercise this right.

This authorization will be in effect until _____

Signed By _____ in the presence of _____
Signature of Authorizing Person Signature of Witness

(See Affidavit of Witness form to complete)

Affidavit of Witness

CANADA

IN THE PROVINCE OF ALBERTA

I, _____ ,
Name of the Witness in Full

Occupation of Witness

of _____ ,
Complete Home Address of Witness

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

1. I was personally present and I saw _____
Name of Individual
sign the Authorization of Representative form to which this is attached.

2. The Authorization of Representative form was signed by _____
Name of Individual
at _____ , in the province of _____
and that I am the one who witnessed the form.

3. I know _____ and I believe that he/she is
Name of Individual
18 years of age or older.

Signature of Witness

Sworn before me at _____)
_____)
in the province of _____)
_____)
on _____)

Commissioner for Oaths

Print Name

Expiry Date of Commission