

CERTIFICATE OF AUTHORITY TO OBTAIN PERSONAL INFORMATION

To the Ministry of _____

From: _____
Constituency Assistant to
Maurine Karagianis, MLA Esquimalt-Royal Roads

For the purposes of the Freedom of Information and Protection of Act, I certify the following:

1. Maurine Karagianis, MLA, in whose office I am employed as a constituency assistant, has been asked by the constituent whose name and address are set out below to assist that constituent in resolving the problem described below;
2. I have explained to the constituent that, in order to assist the constituent, I and the other individuals named below, all of whom are employed in the MLA's office, may need to obtain the constituent's personal information from your ministry;
3. I have explained to the constituent that personal information disclosed to us may be of a sensitive nature; and
4. Personal information you disclose to us is necessary for the purpose of assisting the constituent to resolve the problem described below and will be used only for that purpose.

Name of constituent: _____

Ministry: _____

Constituent's Address _____

Constituent's Phone Number _____

DOB/PHN/BCDL/Other _____

Constituent's Signature _____

The problem for which the constituent has requested the MLA's assistance is, _____

MLA employees covered by this certification: _____

Date _____

Place certificate signed _____

Signature of Constituency Assistant: _____