



SUSAN LEBLANC

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Consent Form

This form authorizes the release of my personal information to the Member of the Legislative Assembly Susan Leblanc and staff. I consent to the MLA and staff using my personal information until the matter is resolved or I revoke my consent. I consent to the MLA disclosing this information to another MLA, Minister, their staff or caucus staff, in confidence, and consent to that MLA, Minister or staff collecting, using or disclosing my personal information only in relation to the below matter.

I consent to the disclosure of personal information about me, with respect to the following matter(s):

- | | |
|--|--|
| <input type="checkbox"/> Department of Community Services | <input type="checkbox"/> Worker's Compensation Board |
| <input type="checkbox"/> Department of Health and Wellness | <input type="checkbox"/> Service Nova Scotia/Municipal Relations |
| <input type="checkbox"/> Department of Education/Early Child Development | <input type="checkbox"/> Nova Scotia Public Housing Authority |
| <input type="checkbox"/> Maintenance Enforcement Program | <input type="checkbox"/> Nova Scotia Power |
| | <input type="checkbox"/> Other: |

For the purposes of: _____

Your personal information, in paper or electronic form, will only be used for the purpose of resolving the identified issue. It will be securely retained in my Constituency Office, and only be accessed/used by authorized staff. The records will be securely destroyed according to constituency files rules.

Constituent Information

First/Last Name: _____

Pronouns (ie. She/her, he/him, they/them etc.) _____

Address: _____

Main Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

☐ I want to receive email updates from Susan Leblanc (a bi-weekly e-newsletter).