



Authorization and Consent for Disclosure of Personal Information to Members of the Legislative Assembly

This form authorizes the release of my personal information to the Member of the Legislative Assembly Susan Leblanc and her staff.

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

- | | |
|---|--|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Worker's Compensation Board |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Education & Early Childhood Development |
| <input type="checkbox"/> Maintenance Enforcement Office | <input type="checkbox"/> Service Nova Scotia & Municipal Relations |
| <input type="checkbox"/> Other Department _____ | <input type="checkbox"/> Other (i.e. NS Power) _____ |

I also consent to the MLA and her staff using my personal information until the matter is resolved or until I revoke this consent.

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

Client Name and Contact Information	

(Last name, first name)	

(Street Address)	(City, Province) (Postal Code)

(Home Phone Number)	(Alternative Phone Number – Work/Cell)

Print Client Name	Title (if applicable)

E-mail (optional)	_____

Client Signature	Date
