



Consent to Disclosure of Personal Information

I, _____ (full name), consent to the disclosure by the City of Nanaimo of the following information about me:

for the purpose of _____

This disclosure may take place

Select one: <input type="checkbox"/> once only <input type="checkbox"/> at the following intervals: _____ <input type="checkbox"/> on a continuous basis	Select one: <input type="checkbox"/> within Canada only <input type="checkbox"/> inside or outside Canada
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This consent is valid until the _____ day of _____, 20____,
unless earlier revoked by me in writing.

Signature

Date

Print Name

Respecting Your Privacy

Freedom of Information and Protection of Privacy Act (FOIPPA): Information collected on this form is done so under the general authority of the *Community Charter* and *FOIPPA*, and is protected in accordance with *FOIPPA*. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For more information, please visit the Legislative Services Department at 455 Wallace Street, call 250 755 4405 or email foi@nanaimo.ca.