

Proof of Authority Form

Personal information on this form is collected under the Newfoundland and Labrador *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015) and will be used to designate an authorized representative to make a request for exemption from the compensation disclosure list on your behalf. Attach this form to the Exemption Application and submit as part of that application.

1. PROOF OF AUTHORITY

To which Public Body are you submitting this Proof of Authority? _____

2. APPLICATION INFORMATION

Applicant Name: _____

Organization (where applicable): _____

Address: _____

 _____ Postal Code: _____

Telephone (daytime): _____ Facsimile: _____

E-Mail: _____

3. CONSENT

Pursuant to Section 108 of the ATIPPA, 2015:
 I, _____ (Your Name), hereby give authorization to
 _____ (Name of Authorized Representative) as my personal
 representative to act on my behalf, and to exercise my right to request that my compensation
 information be exempt from public disclosure.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

**Note: This consent will expire upon final determination
of the application for exemption.**

Personal information collected on this form is protected by the *Access to Information and Protection of Privacy Act, 2015*. If you have any questions about the collection of this information, you can contact the assigned official for your department or public sector body.