



To: **Information Access Operations**

PO Box 9569, Stn Prov Govt  
Victoria BC V8W 9K1

**AUTHORIZATION FOR RELEASE OF RECORDS held by:**

The **Ministry of Justice** (the "Ministry") pursuant to section 22(4) (a) or section 33.1(1) (b) of the *Freedom of Information and Protection of Privacy Act*

I, \_\_\_\_\_,  
(name of individual whose personal information will be disclosed)

**do hereby authorize the Ministry to disclose the following records relating to me,**  
(please specify the records and provide associated date ranges)

**RECORDS**

**DATE RANGE**

_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

or \_\_\_\_\_  
(otherwise describe the records to be released)

to \_\_\_\_\_  
\_\_\_\_\_

(name and address of person to whom the records are to be released)

**for the following purpose(s):**

\_\_\_\_\_  
\_\_\_\_\_  
(describe the purpose of the disclosure)

My date of birth is \_\_\_\_\_.

This consent is for one time only, and expires on: \_\_\_\_\_.

This consent is effective as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(Signature required)**