

To: Information Access Operations  
PO Box 9569, Stn Prov Govt  
Victoria BC V8W 9K1

**FOR RELEASE OF RECORDS held by:**

The **BC Public Service Agency** and **Workplace Health and Safety** 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 BC Public Service Agency and Workplace Health and Safety to disclose the following records relating to me,**

**RECORDS REQUESTED:**

**DATE RANGE:**

\_\_\_\_\_  
\_\_\_\_\_ 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:**

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

My date of birth or employee ID number: \_\_\_\_\_.

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

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

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