



# Consent Form for Disclosure (Sharing) of My Personal Information

**Driver Information** *(the person whose information will be shared):*

Driver's Full Name *(including middle names):* \_\_\_\_\_

Driver's Licence Number *(if you have one):* \_\_\_\_\_

Date of Birth *(YYYY-MM-DD):* \_\_\_\_\_

Phone Number *(in case we need to contact you about this consent):* \_\_\_\_\_

**Driver's Permission:**

I, \_\_\_\_\_ *(insert your name),*  
consent to RoadSafetyBC (part of the BC Ministry of Public Safety and Solicitor General) sharing my personal information (as below) with the individual(s) I have named on this consent form so that they can help me understand the status of my BC Driver's Licence:

**(Place an 'X' in box next to all that apply)**

- Details of my driver's licence record  
(including any violation tickets, prohibitions, fines or penalties owing, etc)
- Copies of any documents that RoadSafetyBC may have sent to me
- Information relating to my medical fitness to drive
- Other related information or records I would like shared *(please describe):*

\_\_\_\_\_

**Individual(s) I would like my personal information shared with:**

Name(s): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Individual or Organization's Location (name of City/Town/Municipality/Territory):  
\_\_\_\_\_

This consent form is valid from the date signed until (1) I ask that it be cancelled, or (2) until the **expiry date** I have provided *(YYYY-MM-DD):* \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

*Your information is being collected under section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of providing consent for the disclosure of your information to a named third-party. If you have any questions about this collection, please contact RoadSafetyBC at 1-855-387-7747.*

**Please email your completed consent form to 'RoadSafetyBC@gov.bc.ca'.**  
Alternatively, you can mail the form to the address below or fax it to 250-952-6888.