



**PROOF OF AUTHORITY FORM  
 FORM 1B**

*This form is used by an applicant to authorize a representative to access college records containing your personal information or to request a correction of college records containing your personal information*

**1. PROOF OF AUTHORITY**

To Which Public Body Are You Submitting This Proof of Authority	College of the North Atlantic
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**2. APPLICANT'S PERSONAL INFORMATION**

Applicant Name:			
Address:			
		Postal Code:	
Daytime Phone #:		Fax#:	
Email:			

Pursuant to section 65 of the *Access to Information and Protection of Privacy (ATIPP) Act*:

I, \_\_\_\_\_ hereby give authorization to  
 (Your Name)  
 \_\_\_\_\_ to act on my behalf as my personal  
 (Name of Authorized Representative)  
 representative, and to exercise:

My right to access all of my records containing personal information.

My right to access my records, as indicated on the Access to Information Request Form (Form 1).

My right to request correction(s) to my personal information, as indicated on the Request for Correction of Personal Information Form.

**Please select (*check one only*):**

This consent will expire upon completion of the request.

This consent will expire on (YYYY-MM-DD):

**Note:** You may revoke this Proof of Authority at any time by contacting the college's Access and Privacy Coordinator, Office of Access to Information and Protection of Privacy, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-7912, atipp@cna.nl.ca.



**Privacy Notice**

The personal information that you provide to College of the North Atlantic is collected under the authority of the *College Act, 1996* and the *Access to Information and Protection of Privacy (ATIPP) Act, 2015*. The Office of Access to Information and Protection of Privacy is collecting your personal information to designate an authorized representative to make a request for personal information or to request a correction of personal information on your behalf. The college uses your personal information to respond to this access to information request, to process fees received under the *ATIPP Act*, to respond to requests for corrections to personal information, to respond to investigations or complaints submitted to the Office of the Information and Privacy Commissioner, and to respond to referrals made to the Supreme Court Trial Division. The college may also use this information for institutional planning and research, training, planning, evaluation, audit, and management reporting purposes. The personal information you provide on this form may be disclosed to authorized college employees who require this information to carry out their official college duties in order to respond to your request, and with the Office of the Information and Privacy Commissioner (OIPC) and/or the Supreme Court Trial Division who may require this information to administer investigations or complaints submitted to the OIPC or referrals made to the Supreme Court Trial Division.

Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the *ATIPP Act, 2015* and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Access and Privacy Coordinator, Office of Access to Information and Protection of Privacy, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-7912, atipp@cna.nl.ca.

***I have read and understand the Privacy Statement above and consent to the collection, use, and disclosure of this personal information.***

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date (YYYY-MM-DD)**

\_\_\_\_\_

**Witness Signature**

\_\_\_\_\_

**Date (YYYY-MM-DD)**