

Form 3
Consent to Disclosure of Information
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 21(4) and Clause 27(b)

TO: Selena Henderson
Corporate Secretary/In-House Counsel
Halifax Regional Centre for Education
33 Spectacle Lake Drive
Dartmouth NS B3B 1X7
Email: iap@hrce.ca

*(Address to the Deputy Minister or senior
administrative officer of the public body where
the information is filed or deposited.)*

1. This Consent arises out of an Application for Access to Records submitted to the _____ *(specify public body)* on the _____ day of _____, 2023, for information relating to _____, a copy of which Application is attached as Schedule "A" to this Consent.

2. I, _____ *(specify name of person consenting)*, hereby give consent to the _____ *(specify name of public body)* and the head thereof to disclose to _____ *(specify name of applicant)* information listed in Schedule "B" attached to this Consent. *(List in Schedule "B" in detail full particulars of information with respect to which consent to disclose is given.)*

Date: _____

Signature of Person Consenting: _____

Print Full Name of Person Consenting: _____

Mailing Address of Person Consenting: _____
(Street/Apartment No./R.R. No.)

(Community/)

(Postal Code)

Telephone Number(s) of Person Consenting: _____

Email address of Person Consenting: _____
(Optional)