

Nova Scotia Nominee Program NSNP 60 – Authority to Release Personal Information to a Designated Individual

By completing this form you authorize the Province of Nova Scotia to release information from your case file to someone other than yourself.

If your spouse or conjugal or common-law partner wishes to release personal information to the same designated individual, he or she should sign in the space provided. Your dependent children who are 18 years of age or older must complete their own copy of this form if they wish to authorize the Province of Nova Scotia to release their information to a designated individual.

The **one** individual you designate will be able to obtain information such as the status of your application and will be able to change your address if you move. If you designate an additional individual, the previous designated individual will no longer be able to obtain information on your case file. This designated individual will **not** be a representative who can conduct business with the Province of Nova Scotia on your behalf. If you wish to be represented, you must complete and submit form *Use of a Representative (NSNP 50)*.

Choose one:

- I authorize the Province of Nova Scotia to release information from my case file to the following individual.
- I withdraw my authorization to release information from my case file to the following individual.

Section A - Applicant Information

Last name: _____

First name: _____

Date of birth (dd/mm/year): _____

Section B – Designated Individual

1. Your designated individual's full name: _____
Last name, First name

2. Your designated individual's contact information

Name of firm or organization (if applicable): _____

Mailing address: _____
street address *city, town or village* *postal code*

Telephone number: _____
(Country code) Number

Email address: _____

Section C – Your Declaration

- I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.

If you are giving your authorization:

- I authorize the Province of Nova Scotia to release information from my case file to the individual named above.
- I understand that this consent only allows the disclosure of my personal information and that of my dependent children under 18 years of age.
- I further authorize the designated individual to update the address listed in my file, as required.

If you are withdrawing your authorization:

- I withdraw my authorization to release information from my case file to the individual named above.

Signature of applicant: _____
Signature Date (dd/mm/year)

Signature of spouse (if applicable): _____
Signature Date (dd/mm/year)