

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

**By completing and signing this form, you authorize the Province of Nova Scotia to release information about you and your family to someone other than yourself.**

If your spouse or common-law partner wishes to release the same personal information to the same designated individual, he or she should sign in the space provided. Your dependent children who are 19 years of age or older are not covered by this form. They 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 upon request. If you designate an additional individual, the previous designated individual will no longer be able to obtain information on your case file.

The person you designate in this form will **not** be a representative who can conduct business with the Province of Nova Scotia on your behalf. He or she will not be able to answer questions or provide information to the Province of Nova Scotia for you. If you wish to be represented, you must complete and submit a different form: *Use of a Representative (NSNP 50)*.

## Section A – Applicant Information

Applicant's last name: \_\_\_\_\_

Applicant's first name: \_\_\_\_\_

Date of birth (dd/mm/year): \_\_\_\_\_

Spouse or partner's last name: \_\_\_\_\_

Spouse or partner's first name: \_\_\_\_\_

Spouse or partner's date of birth: (dd/mm/year): \_\_\_\_\_

## Section B – Designated Individual

**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.

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 – Information to disclose

Do you authorize the Province of Nova Scotia to provide **all** information from your case file about you and your dependent children to your designated individual?

- Yes OR  No

**If you answered No**, indicate what types of information the Province of Nova Scotia may disclose to your designated individual, by checking the appropriate boxes below:

- Legal status in country of residence
- Age
- Employment offer or arranged employment in NS
- Education and training, including Education Credentials
- Language ability
- Work experience
- Adaptability and intention to settle
- Financial and settlement supports/requirements
- Status of the application
- Decision made by Nova Scotia Office of Immigration
- Obtaining sufficient points for the Express Entry streams
- Express Entry profile

## Section D – Your Declaration

In this Section, “I” means the Applicant and, if applicable, the Applicant's spouse or partner who signs below.

- I understand the statements in this form and I have asked for and obtained an explanation for every point that was not clear to me.
- I authorize the Province of Nova Scotia to disclose the information described in Section C to the designated individual named in Section B.
- I understand that this consent only allows the disclosure of my personal information and that of my dependent children under 19 years of age.

Signature of applicant: \_\_\_\_\_  
Signature Date (dd/mm/year)

Signature of spouse or partner (if applicable): \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/year)