



Consent to Disclosure of Personal Information

Note: This form provides written consent for the Cowichan Valley Regional District (CVRD) to disclose information about you to others for the purpose you specify.

I, _____, consent to the disclosure by the CVRD of the
[First and Last Name]

following information about me: _____
[describe the type of information]

For the purpose of _____
[describe how the CVRD may use /disclose your personal information]

This disclosure may take place (check one):

(a) once only

(b) at particular intervals

[specify interval or basis if more than once]

(c) on a continuous basis

This disclosure may take place (check one):

(a) within Canada only

(b) inside or outside Canada

This consent is valid until _____, 20, _____.
[Month / Day] *[Year]*
unless earlier revoked by me in writing.

Signature Date: _____
[Date signed]

Print name

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