

CONSENT FORM – CODE OF ETHICAL CONDUCT

_____ Date

TO: _____ Member of the Legislative Assembly of Saskatchewan

FOR THE CONSTITUENCY OF: _____

CONSENT

I _____ of _____, _____,
(Name) (Address) (City, Town)
_____, _____, _____,
(Telephone # Home) (Cell #) (Email)

Saskatchewan consent to you or your staff, collecting or using my personal information and personal health information for the purpose of

and consent to you disclosing this information to another Member of the Legislative Assembly, Minister, their staff or caucus staff, in confidence and consent to that Member of the Legislative Assembly, Minister, their staff or caucus staff collecting, using or disclosing my personal information or personal health information in relation to the above purpose without me giving further consent provided the information is kept confidential.

AND

- Disclosing this information in the Legislative Assembly, to the public and the media and consent to any other Member of the Legislative Assembly, Minister of the Crown, their staff or caucus staff collecting, using or disclosing my personal information or personal health information in relation to the above purpose without me giving further consent.

AND

- I further consent to you, transferring my file with all my personal information and personal health information, to any successor to you as a Member of the Legislative Assembly.

OR

- I direct you, upon your leaving office, to destroy my file including all personal information and personal health information.

Witness

Signature