

CONSENT TO DISCLOSURE

OF

PERSONAL INFORMATION

I, _____, hereby give consent to my Bargaining Agent, Memorial University of Newfoundland Faculty Association (MUNFA) to disclose personal information and documents containing personal information to MUNFA's Legal Counsel for the purpose of the provision of legal advice and services, and this consent shall be considered consent pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Access to Information Privacy Act S.N.L. 2002, c.A-1.1.

DATED AT _____ in the Province of Newfoundland and Labrador this
day of _____, 20__.

WITNESS

SIGNATURE