

RELEASE OF CANDIDATE INFORMATION



I, _____, hereby consent
(print name)

to the release by the Battle River School Division the following personal information about me to the Province of Alberta and any interested person or organization, including the news media, from the date of filling my Nomination Papers until the completion of my election term. As candidates are accepted, this consent also includes the allowance of candidate information to be regularly posted on our Division's webpage (www.brsd.ab.ca).

Name _____

Address _____

City / Postal Code _____

Phone (home) _____

Phone (business) _____

Phone (cellular) _____

E-mail _____

Website _____

Signature of Candidate _____ Date (M/D/Y) _____

The personal information that is being collected under the authority of the *Local Authorities Election Act* will be used for the purpose of providing candidates with election information and providing contact information about candidates to members of the public and the news media during the 2025 election. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

For additional information on the collection and use of personal information contact the FOIP Coordinator, Battle River School Division, 4302 38 Street, Camrose, AB T4V 4B2, Ph: 780-672-6131.