

Third party request for personal information

Use this form to request personal information about someone else.

Personal information collected on this form will be used to process and respond to your request.

Who is requesting the information?

Last name	First name
Mailing address	Telephone

Who are you requesting information about?

Last name	First name	Date of birth (yyyy-mm-dd)

What information are you looking for?

Please be as detailed as possible and provide date ranges, if applicable.

What is your relationship to the individual?

Check the appropriate box and **provide a copy of the supporting documents** confirming your legal authority to act on behalf of the individual.

<input type="checkbox"/>	Personal representative of a deceased individual AND requested information relates to administration of the individual's estate or as authorized by law.
<input type="checkbox"/>	Power of attorney has been granted by the individual AND requested information relates to powers and duties of attorney.
<input type="checkbox"/>	Written authorization has been given by the individual to make the request on their behalf (e.g. a lawyer or physician authorization to release).
	Please include a copy of 1 piece of government issued identification with this form.

How do you want to receive the information?

Please indicate how you want the information sent to you and **include the email address, fax number or mailing address**. *Canadian Blood Services is not responsible for the protection of information sent to the email address provided, including access by an employer if a work email is provided.*

By signing below, you agree to the following:

- You consent to the disclosure the personal information being requested and represent that you have the legal authority to request the personal information. You understand that Canadian Blood Services is not responsible for any subsequent disclosures of the personal information by you or any individual you provide the personal information to.
- You understand that if you choose to submit this form and supporting documentation electronically or choose to have Canadian Blood Services provide the requested personal information to you electronically, Canadian Blood Services assumes no responsibility for the security of the personal information during transmission.

Signature (*Electronic signature is acceptable*)

Date

Form return: email to ati@blood.ca, or mail to Legal Services, Canadian Blood Services, 1800 Alta Vista Drive, Ottawa, ON, K1G 4J5.