



Release of Candidate Information

I, _____, hereby consent to the release by Elk Island
(print name)

Catholic Separate School Division of the following personal information about me to any interested person or organization, including the news media, from the date of signing of this Consent Form until completion of the 2025 municipal and school elections.

Address: _____

Postal Code: _____

Telephone Number: _____

Election Night Address
and/or Telephone Number
if different from above: _____

E-Mail Address: _____

Website: _____

Signature

Date

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 elections. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact Ms. Tracy Leigh, Returning Officer, Elk Island Catholic Separate School Division, at 780-449-6443.