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**LOCAL JURISDICTION: Wetaskiwin School Division**

**ELECTION DATE: MONDAY, OCTOBER 20, 2025**

**APPROVAL FOR RELEASE OF ELECTION INFORMATION**

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I \_\_\_\_\_, give my authorization for the Returning Officer of the Wetaskiwin School Division to post my election contact information on the Wetaskiwin School Division website.

Name: \_\_\_\_\_

Election Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Candidate's Signature

**IT IS AN OFFENCE TO MAKE OR SIGN A FALSE STATEMENT**

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have questions concerning the collection of this personal information, please contact the Privacy Officer at 780-352-6018 or by email at [wrps@wrps11.ca](mailto:wrps@wrps11.ca).