**NAME OF APPLICANT(S)**

**- and -**

**NAME OF RESPONDENT(S)**

**CONFIDENTIAL APPLICATION FOR AUTHORIZATION TO DISCLOSE INFORMATION**

**OF** **Name(s) of applicant(s)**

[Include relevant statutory provision(s) or rule(s)]

### A. ORDER SOUGHT

The select option, [name(s) of applicant(s)], request(s) that the Tribunal make the following order(s):

1. [Set out the order(s) sought]

**B. GROUNDS**

The grounds for the request are:

1. [Set out each of the factual and legal grounds to be argued, including reference to any relevant statutory provision or rule]

**C. EVIDENCE**

The select option intend(s) to rely on the following evidence at the hearing:

1. [Set out the affidavits, other documentary evidence and oral testimony, if any, that the applicant(s) intend(s) to use]

|  |  |
| --- | --- |
| [Date] | [Name, address, email and telephone number of applicant(s) or representative of applicant(s)] |