



Under the Freedom of Information and Protection of Privacy Act, a public body may disclose personal information only if the individual whom the information pertains has identified the information and consented, in writing, to its disclosure.

If you wish to give your representative access to your personal information, please complete the statement below.

The signed release must include your name, to whom you wish us to release information, for what purpose, the validity period of the consent, and your signature.

VOLUNTARY CONSENT STATEMENT

I, _____, the undersigned herewith authorize
(Please Print)

_____, permission to access information
(Name of Representative)

pertaining to my certification file at the Teacher Regulation Branch of the Ministry of Education for the purpose of

This authorization is valid: From (YYYY/MM/DD) _____

To (YYYY/MM/DD) _____

Signature _____

Date (YYYY/MM/DD) _____

File No. (Certificate No.) _____