

Ministry of Education and Child Care

Voluntary Consent Form

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.

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

(Name of Representative)

pertaining to my certification file at the Ministry of Education and Child Care 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.)

August 2019/June 2023

Ministry of Education and Child Care Teacher Regulation Branch Mailing Address: 201-828 8th Ave W Vancouver BC V5Z 1E2

Call Service BC locally: Victoria: 250-387-6121 Vancouver: 604-660-2421

_____, permission to access information

Call Service BC long distance: BC Toll Free: 1-800-663-7867 Outside BC: 604-660-2421