



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.

VOLUNTARY CONSENT STATEMENT

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

_____, permission to access information
(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