



CONSENT TO RELEASE PERSONAL INFORMATION

The Saskatchewan Apprenticeship and Trade Certification Commission (SATCC) can only release your personal information in accordance with *The Freedom of Information and Protection of Privacy Act* and *The Apprenticeship and Trade Certification Act, 1999*. Therefore, the purpose of this consent form is to allow the SATCC to release certain personal information to certain third parties. For your convenience, and to permit SATCC to release the information listed below, please complete the following:

I, _____, hereby authorize the Saskatchewan Apprenticeship and Trade Certification Commission to release information to:

Last Name	Given Name	Middle Name
Mailing Address (Box/Street Number & Name; City, Prov., Postal Code)		
Home Phone Number	Cell Phone Number	Work Phone Number
Email Address	Gender:	Male Female

This information is related to my apprenticeship or trade certification for the _____ trade, and any other information that I list below:

I understand that this consent is time limited until my trade certification is achieved or I revoke the consent in writing.

Print Name Apprentice/Trade Qualifier	Date
_____ Signature Apprentice/Trade Qualifier	
PSE Number	Date of Birth (DD-MM-YYYY)

The signed consent form must be sent to:
SATCC, 2140 Hamilton Street, Regina SK S4P 2E3
Email: SATCC@gov.sk.ca Fax: 306-787-5105

You may change or add permissions at any time by re-submitting this form. The form can be found on the SATCC website at www.saskapprenticeship.ca under the 'Applications and Exam Forms' page.