



BC College of Teachers

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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.

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I, _____, the undersigned herewith authorize
(please print)

_____, permission to access information
Name of representative

pertaining to my certification file at the College of Teachers for the purpose of

This authorization is valid from _____ to _____

Signature

Date

File No. (Certification No.)