

RELEASE OF INFORMATION

PLEASE PRINT

Full Name _____
First Name Middle Name Last Name

Address _____

City/Town _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Social Insurance Number _____ Date of Birth _____

Trade _____

I _____ Authorize Labour and Workforce
(Signature)

Development, Apprenticeship Training and Skill Development Division to release the following information from their records to _____

- All trade-related information held by Apprenticeship Training and Skill Development Division
- Personal and trade-related information held by Apprenticeship Training and Skill Development Division
- To provide my apprenticeship information related to my eligibility for the Apprenticeship Incentive Grant to Service Canada - not necessary to complete address section below.
- Other (Please be specific) _____

Mail To: _____ Fax To: _____

To be completed by Province / Territory Requesting Information:

(Signature of Person Consenting) (Title)

_____ am requesting the above information on behalf of _____
(Print your Name) Territory (Province /

Halifax - Toll Free (800) 494-5651 Fax (902) 424-0717 **Truro** (902) 893-5988 Fax (902) 893-6104
Lunenburg - (902) 541-5710 Fax (902) 543-0599 **Sydney** (902) 563-2149 Fax (902) 563-3491
Kentville - (902) 679-6731 Fax (902) 679-6235 **Yarmouth** (902) 742-0775 Fax (902) 742-4628

The Department will disclose personal information only with written consent of the individual, or in accordance with the Freedom of Information and Protection of Privacy Act.