



Labour and Advanced Education



Apprenticeship Training
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RELEASE OF INFORMATION

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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 Advanced Education, Apprenticeship Training Division to release the following information from their records to

(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 (Province / Territory)

Halifax - Toll Free (800) 494-5651, Fax - (902) 424-0717 Truro (902) 893-5988, Fax - (902) 893-6104
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