



Saskatchewan College of Psychologists

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Consent for Release of Information

Please print all answers in ink.

Please complete the following and return to the Saskatchewan College of Psychologists at the above address.

This form may be used to obtain further information concerning your competency to practice psychology from current or past employers.

_____	_____	
Surname	Given name(s)	
_____	_____	
Former Surname	Given name(s)	
_____	_____	
Apt. number, Street address or Postal box number	Telephone Number	
_____	_____	
Town/City	Province	Postal Code
_____	_____	_____

Consent for information to be released to The Saskatchewan College of Psychologists

I hereby give consent to my present or past employer to release information to the Saskatchewan College of Psychologists, concerning my competency to practice psychology, solely for the purpose of assessment of my application for registration in Saskatchewan.

Signature

Date