



Saskatchewan College of Psychologists

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Consent for Release of Information to Supervisor(s)

Please print all answers in ink.

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

This form will be used to release information to your supervisor(s) regarding your Provisional membership (this may include but is not limited to complaint issues, previous Provisional licensure supervisor evaluations).

| | | |
|--|------------------|-------------|
| _____ | _____ | |
| 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 my listed supervisor(s)

I hereby give consent for the Saskatchewan College of Psychologists to release information to my listed/approved supervisor(s) during my Provisional Practice period, of any information regarding my Provisional membership and/or my competency to practice psychology.

Signature

Date