



Saskatchewan College of Psychologists

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Consent for Release of Information to/from IRCC SINP Review

Please print all answers in ink.

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

This form may be used to obtain information from, OR release information to the Government of Saskatchewan, Immigration, Refugees and Citizenship Canada (IRCC) concerning your eligibility for citizenship and eligibility for licensure to practise psychology in Canada.

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

Consent for information to be released to SCP from the Government of Saskatchewan, Immigration, Refugees and Citizenship Canada (IRCC), and, for SCP to release information IRCC

I hereby give consent to the Government of Saskatchewan, Immigration, Refugees and Citizenship Canada (IRCC) to release information to the Saskatchewan College of Psychologists, and, for the Saskatchewan College of Psychologists to release information to the Government of Saskatchewan and IRCC concerning my eligibility for citizenship and my eligibility for licensure to practice psychology in Canada.



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Signature _____

Date _____