



# 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 (SCP) at the above address.**

**This form may be used to obtain further information from current or past employers and other regulators, or, release information to current employers or other regulatory bodies to which one applies concerning your eligibility for licensure and/or competency to practice psychology.**

_____	_____	
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 SCP from current or past employers, and, for SCP to release information to current employers**

**I hereby give consent** to my present or past employer, and, other regulators to release information to the Saskatchewan College of Psychologists, and, for the Saskatchewan College of Psychologists to release information to present employers or other regulatory bodies I apply to concerning my eligibility for licensure and/or competency to practice psychology.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date