



Saskatchewan College of Psychologists

1026 Winnipeg Street
Regina SK, S4R 8P8

Tel: (306) 352-1699
Fax: (306) 352-1697
Email: skcp@sasktel.net
www.skcp.ca

Consent for Release of Information

I, _____ consent to
(Name, please print)

the release by _____
(Name of regulatory body)

of any and all information concerning my current status with the regulatory body identified above which may be relevant to my application for registration with the Saskatchewan College of Psychologists. I consent that information including, current standing and any relevant matters, such as, but not limited to:

1. Any current or previous restrictions, terms or limitations on my right to practice psychology in _____;
(Current regulatory jurisdiction)
2. Any unresolved complaints respecting me in _____;
(Current regulatory jurisdiction)
3. My disciplinary history with _____;
(Current regulatory jurisdiction)
4. Reasons for rejection, barring or denial of my application;
5. Verification that I have taken the Examination for Professional Practice of Psychology as a condition of my registration;

to be released directly to the Saskatchewan College of Psychologists.

Signature: _____ Date: _____