



Consent to Disclose Personal Information

High School Certification
P.O. Box 8700
St. John's, NL A1B 4J6

Telephone: 1-709-729-3001
Fax: 1-709-729-0611

To: Manager, High School Certification
Department of Education, Government of Newfoundland and Labrador

I, _____ (your name) hereby give consent for the Department of Education, Government of Newfoundland and Labrador to disclose my personal information to _____ (name of the individual to whom you wish to disclose your personal information).

I request that the Department of Education, Government of Newfoundland and Labrador disclose my High School

Transcript
Diploma

to the person listed below.

This consent will expire: ____/____/____ (Please specify a date)

Your email address: _____

Please Note: The Department of Education, Government of Newfoundland and Labrador may contact you if there are any questions or concerns with this request.

Name (please print): _____

Address: _____

Telephone: _____

Signature: _____

Witness: _____ Date: _____