ᑲᑐᔪᓐᓇᓗᑦ ᓄᓇᕗᑦ ᐱᕈᕐᐸᖕᓕᐊᖦᑕᕗᑦ
Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble
ᓄᓇᕗᑦ Nunavut

ᐃᓅᓯᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᕕᖓ
Department of Family Services
Qatan’ngutiqatigiiliqiyit
Ministère des Services à la famille

RELEASE OF INFORMATION CONSENT FORM

When you complete this form, you are giving permission for someone else to access your personal information within Department of Family Services, Career Development Division, Apprenticeship Certification Unit. The person authorized through this form can ask for information collected about you through the service or programs you access.

1. Personal Information

Last Name:	First Name:
Birth date: dd/mm/yyyy	Telephone #:
Current Mailing Address:	E-mail Address:

2. Release Information To

Last Name:	First Name:	
Relationship:		
E-mail Address:	Cell Phone No:	Home Phone No:

3. Information To Be Released *(Please Check One)*

☐	***All*** program information contained in the Department of Family Services, Career Development Division, Apprenticeship Certification Unit and database system related to apprenticeship, occupations *or* labour market programs
☐	Information limited to: (please indicate below)
Example: School and program information only.	

4. Declaration of Consent

I hereby consent to the release of the information referred to above, from the Department of Family Services, Career Development Division, Apprenticeship Certification Unit to the person identified above. This form is only valid for one year unless you revoke or cancel your consent earlier.

Signature:______________________________ Apprentice/Client	Date: dd/mm/yyyy

5. Cancel Consent

I hereby cancel my consent to the release of the information to the person named above. Any other person whom I have given consent to release information will continue to be able to access it.

Signature:______________________________ Apprentice/Client	Date: dd/mm/yyyy

This personal information is being collected by the Nunavut Department of Family Services, Career Development Division, Apprenticeship Certification Unit under the authority of the ***Access to Information and Protection of Privacy*** (*ATIPP)* ***Act*** section 40 (1) (a) and will be used to respond to requests for information from the person identified above The privacy provisions of the *ATIPP Act* protect your information, and you have the right to examine and request correction of your records and to request a review by the Information and Privacy Commissioner. If you have any questions about this collection, contact the Regional Manager or Regional Superintendent in your area or call the Supervisor of Apprenticeship, trades and Occupations, at (867) 975-5280.