

AUTHORIZATION TO DISCLOSE INFORMATION

Appellant Information

Name: _____		
Last name	First Name	Middle Name
Driver's Licence Number: _____		Date of Birth: _____
		Month/Day/Year
Telephone Number: _____		Email Address: _____

General Authorization

I hereby authorize the Licence Suspension Appeal Board to disclose any and all information regarding the status of my Appeal to the individual/company noted below, in person, by phone, facsimile or email, until such time that I advise the Licence Suspension Appeal Board, in writing, to revoke this authorization.

Individual/Company: _____

Address: _____ Phone Number: _____

Email: _____ Fax Number: _____

Employee Authorization

I hereby authorize the Licence Suspension Appeal Board to disclose any and all information relating my appeal, including the outcome of any appeal or the conditions of my Board Order to:

Employer

for the duration of my employment with said employer or until such time that I advise the Licence Suspension Appeal Board, in writing, to revoke this authorization.

Address: _____ Fax Number: _____

Driver's Signature*: _____ **Date:** _____

*A photocopy of this signed authorization shall have the same authority as the original.