

CONSENT TO RELEASE PERSONAL INFORMATION FORM

Under the Freedom of Information and Protection of Privacy Act.

I, _____, SIN# _____

Consent to release the following personal information about me, held by

The Ministry of Training, Colleges & Universities (MTCU) to:

Name & address of Company: _____
requesting this information

Information to be released: ALL

Signature: _____ Date: _____

MTCU Offices in Central Ontario;

North Bay	Tel: 705-495-8515	Fax: 705-495-8517	Toll Free: 800-236-0744
Sudbury	Tel: 705-564-3030	Fax: 705-564-3033	Toll Free: 800-603-5999
Timmins	Tel: 705-235-1950	Fax: 705-235-1955	Toll Free: 877-275-5139
Barrie	Tel: 705-737-1431	Fax: 705-737-5684	Toll Free: 800-560-3821