



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

Consent to Disclose Personal Information

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: _____

Privacy Notice: Personal information on this form is collected under subsection 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015) and will be used to designate an authorized representative to receive your High School Transcript and/or Diploma, which contains your personal information. Personal information collected on this form is protected by ATIPPA, 2015. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education and Early Childhood Development at 709-729-6281.