



ACBOA

Alliance of Canadian Building Officials' Associations

Authorization to Release Personal Information

PLEASE PRINT:

Name		Employer	
Best Telephone		Email	
Province of Membership		Member Since	

Authorization to disclosure personal information:

I do not authorize disclosure of my personal information.

If you agree to disclosure of your personal information, complete the following:

Applicant Signature I hereby authorize <hr/> <i>your provincial association</i> to release personal information as contained on my certification application form to ACBOA for the purposes of National Certification.	Signature	
	Date	

Thank you for your attention to this request.

Please fax this form to the National Registrar c/o Fax: (204) 897-8094.