



Training Services
Consent to Release Statement
Third Party Request for Information
Completion of this Form Authorizes ESA to Release an
Individual's Academic Grade to a Third Party

The Electrical Safety Authority (the "ESA") is committed to maintaining the accuracy, security and privacy of personal information in accordance with applicable Canadian privacy laws and ESA's Privacy and Access Code (the "Code"). The ESA's Code, which forms part of the Administrative Agreement between the ESA and the Ministry of Government and Consumer Services, prevents ESA from releasing an individual's personal information to a third party without their written consent.

PART 1: Attendee Information

Attendee Name: _____
Attendee Number (If Available): _____

PART 2: Workshop Information

Workshop Date: _____
Workshop Name: _____
Workshop ID: 900
Workshop Location (City): _____

PART 3: Consent to Release Statement

I am the individual named in Part 1 of this document and hereby consent to the release of my personal information in relation to my academic achievement on the ESA test for the workshop identified in Part 2 of this document.

I understand by signing this Consent to Release Statement that I am agreeing to the release of the afore-mentioned information to the following Third Party:

Company Name: _____
Mailing Address (Number and Street): _____
(City and Postal Code): _____

I understand that signing the Consent to Release Statement is optional and that I may revoke this consent at any time upon written notice to the ESA at:

Electrical Safety Authority
Attention: Training Services
400 Sheldon Drive, Unit 1
Cambridge, Ontario N1T 2H9

Attendee Name: _____
(Please Print)

Signature: _____ Date: _____

PART 4: Third Party Request for Information

I am a representative of the Third Party named in Part 3 of this document. I understand by signing this Third Party Request for Information I am requesting a copy of the academic achievement for the individual named in Part 1 of this document for the ESA test for the workshop identified in Part 2 of this document.

Company
Representative Name: _____
(Please Print)

Signature: _____ Date: _____