



CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The member or his/her authorized representative must complete this form before **the Saskatchewan College of Opticians (SCO)** for disclosing the member's information to someone else.

Authorization:

I, _____, have/had License number _____(LO)____(LCLP) _____(Student), hereby authorize **the Saskatchewan College of Opticians (SCO)** to release my personal information available with the college to _____in connection with my membership detail, history and membership status, including any disciplinary action record, if taken against me and all requested record.

I authorize the SCO to disclose my personal information to the individual(s) or organization(s) identified above through any mode of sending information. I understand why I have been asked to disclose my individually identifying information. I am aware of the risks and benefits of consenting, or refusing to consent, to disclose my membership information. I understand that I may revoke this consent in writing at any time.

I acknowledge the privacy notice statement above.

Information about your request:

Institution to which you are submitting the request:

Please describe the request that you are providing consent for:

Signature:

By signing this form, you authorize SCO to release your information to the requester or their authorized representative. The consent must be signed and dated by the person giving the consent. Only original handwritten signatures or valid digital signatures will be accepted. Missing signatures may delay the processing of your request.

Members or Authorised Representative's Signature: _____

Relationship to the member if signed by Authorised Representative: _____

Date (yyyy-mm-dd):