

## Consent to Disclose Personal Information

There may be situations where you want to permit someone else (your representative) to obtain information about your Apprenticeship and Industry Training (AIT) file. **Use this Consent to Disclose Personal Information Form to give AIT your consent to share information about you and your AIT file with an authorized individual (your representative).**

**Note: This Consent Form does not authorize your representative to take any steps, give any instructions or make any decisions on your behalf; it only permits AIT to disclose information to the representative.**

### How to complete the form:

1. Complete the form in ink, clearly with the following information:
  - your full legal name (last name, middle name, first name);
  - your date of birth (year, month, date);
  - your current address (if in Alberta, provide your Alberta address; if you are applying from outside Canada or Alberta, provide your current mailing address);
  - your Apprenticeship and Industry Training identification number (if available);
  - your current telephone number;
  - the name of the trade;
  - check off  the type of information you authorize to be disclosed (if you check off “other”, describe the information you permit to be disclosed);
  - provide the full legal name and address of your representative (the person you are authorizing to have access to your information);
  - your relationship to the representative (for example, spouse, partner, parent, immigration lawyer, consultant, recruiter, counselor, translator etc.); and
  - indicate the amount of time your named representative will have access to the information.

NOTE: *If you are applying from outside Canada, we encourage you to submit the form after you have completed your application on line but **before** your arrival in Alberta.*
2. Ensure you have provided all the information required on the form. If the form is not fully completed, Apprenticeship and Industry Training will not disclose the information requested.
3. Sign and date the form.

### Who do I contact for help with completing this form?

**Contact an AIT office by dialing 1-800-248-4823** (toll-free in North America). Outside North America, dial +1-403-476-9757 (long distance charges will apply). You may also [visit an AIT office in person](#). Office locations are listed under Contact Us on the AIT website: [www.tradesecrets.alberta.ca](http://www.tradesecrets.alberta.ca).

### Where do I send the form once I've completed and signed it?

You can:

- mail or drop off the form at [an AIT office](#). AIT office locations are listed under Contact Us on the AIT website: [www.tradesecrets.alberta.ca](http://www.tradesecrets.alberta.ca).
- upload it into the Documents section of your MyTradesecrets account.

Your personal information is being collected by Alberta Advanced Education under the authority of s.33(c) of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-25 ("FOIP") for the purpose of managing your consent to disclose. The use and disclosure of your personal information is managed in accordance with FOIP. If you have any questions respecting the collection of your personal information contact the FOIP Coordinator, 10020 – 101 A Avenue NW, Edmonton, AB T5J 3G2 or call 1-800-248-4823.

Your written consent enables the Government of Alberta to disclose your personal information to an authorized individual (your representative). **This Consent Form does not authorize your representative to take any steps, give any instructions or make any decisions on your behalf.**

*Last name*

*First name*

*Middle name if applicable*

**I, (full legal name)** \_\_\_\_\_,

Date of birth (YYYY/MM/DD) \_\_\_\_\_,

Address \_\_\_\_\_ City\Province \_\_\_\_\_ Country \_\_\_\_\_,

Telephone number \_\_\_\_\_,

Apprenticeship and Industry Training identification number (if available) \_\_\_\_\_

**authorize the Government of Alberta to disclose the following personal information from my Apprenticeship and Industry Training file in the trade of** \_\_\_\_\_.

**Check the type of information you authorize to be disclosed. Check  all that apply:**

- Status of my application, including approval or cancellation
- Results of the review of my application, including verification of my work experience
- Examination schedule, results and any subsequent requirements with regards to examinations
- Training plan and/or training completion report, whether accepted or denied
- Information about my record book, including allowing mailing or picking up my record book.
- Other (specify) \_\_\_\_\_

**This information is to be provided only to my representative for:**

- One year from the date indicated below.
- The duration of my apprenticeship contract.
- This one time only.
- Other (specify) \_\_\_\_\_

**Full legal name of representative:** \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**My relationship to the representative:** \_\_\_\_\_

The information disclosed will be used by my representative to assist me in matters related to the Apprenticeship and Industry Training file as noted above. I understand I am not obliged to consent to the release of information to my representative. I am also aware that my application will not be given special attention nor can I expect faster processing or a more favorable result because of this consent. I am aware that I may withdraw this consent at any time by sending a request to do so in writing to Apprenticeship and Industry Training or dropping of the request in person at any [AIT office](#). Office locations are listed under Contact Us on the AIT website: [www.tradesecrets.alberta.ca](http://www.tradesecrets.alberta.ca).

**By signing and submitting this original form, I consent to the release of information to my representative.**

<b>Signature of individual providing consent (sign in ink):</b>	<b>Date (YYYY/MM/DD):</b>
<b>Name of individual (print):</b>	