

Authorization

To:
c/o Durham Catholic District School Board

Re:

I, _____ authorize you to provide:

Name of representative

with the following information/documentation:

This is your good, sufficient and irrevocable authority to do so.

If 18+

Printed Legal Name

Signature

Dated this _____ day of _____, 20

Printed Name of Witness

Signature of Witness

Dated this _____ day of _____, 20

If a minor

Printed Name of Parent/Guardian of Minor

Signature of Parent/Guardian

Dated this _____ day of _____, 20

Printed Name of Witness

Signature of Witness

Dated this _____ day of _____, 20

Printed Name of Parent/Guardian of Minor

Signature of Parent/Guardian

Dated this _____ day of _____, 20

Printed Name of Witness

Signature of Witness

Dated this _____ day of _____, 20