

## Appendix 3 Consent to release information

I, \_\_\_\_\_ (name of the applicant), consent that \_\_\_\_\_  
\_\_\_\_\_ (name of the professional) release information on my  
condition to \_\_\_\_\_  
(person and organization name). This information will be used for the express  
purpose of determining appropriate accommodations for examinations, tests,  
interviews and other exercises part of the assessment component of the  
appointment process in the Public Service of Canada for which I applied.

Applicant name (please print): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date (dd-mm-yyyy): \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant date of birth: \_\_\_\_\_

(Note that the date of birth is usually required by the professional office,  
in order to retrieved the specific file of the person)

Professional phone number: \_\_\_\_\_

Professional fax number: \_\_\_\_\_

Professional address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_