

Licence Suspension Appeal Board 200-301 Weston Street, Winnipeg MB R3E 3H4 T 204-945-7350 F 204-948-2682 email : lsabmrcboards@gov.mb.ca

Commission d'appel des suspensions de permis 301, rue Weston, bureau 200, Winnipeg (Manitoba) R3E 3H4 Tél : 204-945-7350 Téléc : 204-948-2682

## AUTHORIZATION TO DISCLOSE INFORMATION

## **Appellant Information**

Name:La	ast name	First Name		Middle Name
Driver's Licence Number:			Date of Birth:	Month/Day/Year
Telephone Number:		Email Addre	ess:	

## **General Authorization**

I hereby authorize the Licence Suspension Appeal Board to disclose any and all information regarding the status of my Appeal to the individual/company noted below, in person, by phone, facsimile or email, until such time that I advise the Licence Suspension Appeal Board, in writing, to revoke this authorization. Individual/Company: Address: \_\_\_\_\_\_Phone Number: \_\_\_\_\_\_ Email: \_\_\_\_\_Fax Number: \_\_\_\_\_Fax Number: \_\_\_\_\_

## **Employee Authorization**

I hereby authorize the Licence Suspension Appeal Board to disclose any and all information relating my appeal, including the outcome of any appeal or the conditions of my Board Order to:

Employer

for the duration of my employment with said employer or until such time that I advise the Licence Suspension Appeal Board, in writing, to revoke this authorization.

Address: \_\_\_\_\_Fax Number: \_\_\_\_\_

Driver's Signature\*:

Date:

\*A photocopy of this signed authorization shall have the same authority as the original.