

AUTHORIZATION TO DISCLOSE INFORMATION

Appellant Information

Name: _____		
_____	_____	_____
Last name	First Name	Middle Initial
Driver's Licence Number: _____		Date of Birth: _____ / _____ / _____
		Month Day Year
Telephone Number: (____) _____ - _____		Email Address: _____

Legal Counsel 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: (____) _____ - _____

Interpreter Authorization

I hereby authorize the Licence Suspension Appeal Board to disclose any and all information regarding the status of my Appeal to the individual 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: _____	
Address: _____	Phone Number: (____) _____ - _____
Email: _____	

Appellant's Signature: _____ **Date:** _____