



PERMISSION FOR DISCLOSURE For those applying to CSHHPBC only

I, _____, hereby give permission to:
Please print name

Speech-Language and Audiology Canada (SAC)

to release the following information

for the _____ SAC Clinical Certification Examination:
Examination Date

confirmation that I have registered to write this **SAC Clinical Certification Examination**.

results of this **SAC Clinical Certification Examination**.

to:

College of Speech & Hearing Health Professionals of BC (CSHHPBC)

630 – 999 West Broadway
Vancouver, BC V5Z 1K5

Exam Candidate Signature

Date

Please note:

A letter indicating whether or not you were successful in passing the exam will be sent to CSHHPBC after you have received your exam results.

You are required to submit this form by the exam application deadline. Please submit to:

Bev Bonnell
Email: bev@sac-oac.ca
Fax: 613-257-2859