



SAC Clinical Certification Exam Permission for Disclosure Form

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

Speech-Language & Audiology Canada (SAC)

to release the following information

for the _____ SAC Clinical Certification Exam:
Exam Date

Results of this **SAC Clinical Certification Exam**.

to:

- | | | |
|---|---|--|
| <input type="checkbox"/> ACSLPA
209 - 3132 Parsons Rd
Edmonton, AB T6N 1L6 | <input type="checkbox"/> CASLPM
1-333 Vaughan St
Winnipeg, MB R3B 3J9 | <input type="checkbox"/> CASLPO
3080 Yonge St, Suite 5060
Toronto, ON M4N 3N1 |
| <input type="checkbox"/> CSHHPBC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5 | <input type="checkbox"/> NBASLPA
147 Ellerdale Ave
Moncton, NB E1A 3M8 | <input type="checkbox"/> NLCHP
209 Blackmarsh Road
St. John's NL A1E 1T1 |
| <input type="checkbox"/> OOAQ
235 boul. René-Lévesque Est
bureau 601
Montreal, QC H2X 1N8 | <input type="checkbox"/> SASLPA
11-2010 7th Ave.
Regina, SK S4P 3H1 | |

CSHHPBC registrants only:

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

Exam Candidate Signature

Date

Please send this completed form to SAC at:

Email: certification@sac-oac.ca

Fax: 613.567.2859

Mail: SAC, 1000-1 Nicholas St., Ottawa, ON K1N 7B7