

# CONSENT TO THE DISCLOSURE OF INFORMATION



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Madam.  
Mr.

I authorize the representatives of the company:

\_\_\_\_\_

or a firm mandated by it to conduct an audit of my academic record with the Ministry of Education or the educational establishment concerned.

I understand that the information thus obtained will remain **strictly confidential**. I certify that provided information, relating to my academic formation, are true and complete and I understand that any false statement may result in rejection of my application.

**Name in block letters:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Level of education:**

Highschool  College  University **Other:** \_\_\_\_\_

\_\_\_\_\_

**Name of institution:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_