

Consent for Release of Information

All Social Workers requesting release of NWT licensure information to a regulatory body
must complete this form

There is no fee for this service

Please be sure to accompany this form with the form required by the jurisdiction where
you wish the requested information sent.

To be completed by Social Worker requesting Certificate of Standing		
<i>I hereby authorize the Licensing Authority in the N.W.T. to release all information indicated in the attached document and any other information respecting me that you deem relevant for my application for registration/licensing in the jurisdiction shown below.</i>		
Full Name of Applicant (Please print clearly):		
Signature of Applicant:	Date:	
Applicant Mailing Address:		
Phone#:	Facsimile #	E-Mail:

Licensing Authority where information is to be sent:	
Licensing Authority Mailing Address:	
Telephone #:	Facsimile #:

Complete above and mail or fax to:

Registrar, Professional Licensing
Government of the Northwest Territories
Department of Health & Social Services
Box 1320, New Government Building - 7th floor
YELLOWKNIFE NT X1A 2L9
TELEPHONE: (867) 767-9067 FACSIMILE (867) 873-0484