

Subject: Authorization to release information and results

Mrs,

Sir,

I, the undersigned, \_\_\_\_\_, authorize the Centre de formation du transport routier Saint-Jérôme to send any information related to my driving record and my evaluation results to the Société de l'assurance automobile du Québec ( SAAQ) for the duration of my training in trucking or bus driving.

I agree to notify the CFTR as soon as possible if my driver's license and/or my learner's license is suspended, modified or revoked.

The CFTR reserves the right to check with the SAAQ the validity of my driver's license.

Candidate's signature: \_\_\_\_\_

Signature of parent if minor: \_\_\_\_\_

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

Year, month, day