

Form 2: Release of Information Authorization

I, _____ (please print), authorize the Federation of Optometric Regulatory Authorities of Canada (FORAC) to provide information and/or documents to:

the following representative at the following address:

the University of Waterloo, the Optometry Examining Board of Canada and the following provincial regulatory authorit(ies):

I authorize the release of the following information and/or documents:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Signature

Date