

AUTHORIZATION TO DISCLOSE PERMIT INFORMATION

Date: _____

I, _____ authorize the Driver Training Permit Unit
DRIVER'S NAME

within Manitoba Public Insurance to disclose information relative to my driving
instructor's permit to _____.
DRIVING SCHOOL NAME

This authorization is limited to disclosing whether my driving record meets permit requirements.

SIGNATURE

DRIVER'S LICENCE NUMBER

PRINT NAME

This authorization remains in effect until revoked by me in writing.