



**Manitoba
Public Insurance**

GENERAL CONSENT

I, _____, hereby authorize Manitoba Public Insurance to disclose to the Department of Driver Education and Training, within Manitoba Public Insurance, personal information from my driving record and any other source of my personal information reasonably required by this Department to enable it to administer the Driver Training Permit Program. I acknowledge that such disclosure is necessary to confirm that I meet the requirements upon application for a Driving School Permit, a Driving Instructor Permit, or a Training Vehicle Permit. I also authorize the aforementioned department to conduct a search of Manitoba Public Insurance records to ensure I continue to meet the requirements to maintain a valid Driving School Permit, Driver Instructor Permit, or Training Vehicle Permit.

This authorization will remain in effect unless rescinded in writing.

ALL INFORMATION MUST BE PROVIDED

PRINT NAME: _____

DRIVER'S LICENCE NUMBER: _____

DATE OF BIRTH: _____

CUSTOMER NUMBER: _____

SIGNATURE: _____ DATE: _____