

NOVA SCOTIA ASSOCIATION OF
Social Workers

1888 Brunswick St., Suite 700, Halifax, NS B3J 3J8
Tel: (902) 429-7799 Fax: 429-7650

RELEASE OF INFORMATION

I, (print) _____, give permission to the Board of Examiners of the Nova Scotia Association of Social Workers to release to my employer information on the status of my application for registration with the Nova Scotia Association of Social Workers.

Name of Employer and Title: _____

Name of Agency/Organization: _____

Employment Address: _____

Phone Number: _____

Fax Number: _____

Signature

Date

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