

Prior Learning Assessment Waiver

This signed waiver gives permission to the Assessor to contact employers, co-workers, or references named in my portfolio, on my resume or below in order that the sources of my documentation can be verified.

Name (please print): _____

Sheridan Student ID number (if applicable): _____

As per Section 39(1) of the Freedom of Information and Protection of Individual Privacy Act (FIPPA), I, _____, authorize Sheridan to contact the persons or organizations listed below to obtain reference information.

1. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

2. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

3. Name of Organization	Phone: Day
Contact:	Evening
Title:	Relationship to Reference:

Signature: _____

Date: _____