

NOVA SCOTIA ASSOCIATION OF

Social Workers

BOARD OF EXAMINERS

1891 Brunswick St., Suite 106, Halifax, NS B3J 2G8

Tel: (902) 429-7298 Fax: 429-0888

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