

Training Record Release

I _____, with the birth date of _____,
(Please print name) (yyyy/mm/dd)

hereby give the New Brunswick Construction Safety Association permission to release my personal safety training records to current and/ or future employers, for easy verification of safety training that has been taken.

Please Print Name Here

Date of Birth - yyyy/mm/dd

Passport Book Number

Signature

Date

* Please send a signed copy to NBCSA, by mail at the above address or fax us at (506)-624-9581.