

STUDENT'S CONSENT

I,	the	undersigned,								, student a				
				dr	iving s	chool,	agree	to	be	filmed	during	g the	cou	rse
		nt procedure, /YYYY).	which	will	take	place	e on	_						

I am aware that my face and voice will be filmed, taped and recorded, during this particular class and that it will be used for evaluation purposes only.

Student's name Attestation number Student's signature City and date (DD/MM/YYY)



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Association québécoise des transports

Programme de reconnaissance des écoles de conduite

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