

## PARENTAL AUTHORITY HOLDER'S CONSENT

I, the undersigned,			father or guardian of
	, stu	dent at	
driving school, autho	rize my son/daughter t	o be filmed	during the course assessment
procedure, which will t	ake place on		(DD/MM/YYYY).
I am aware that his/he	r face and voice will be fil	med, taped a	nd recorded, during this particular
class and that it will be	used for evaluation purpo	ses only.	
Father or guard	ian's name		
Father or guardian's signature			
Student's name			
Attestation	number		
City and date (DI	D/MM/YYYY)		
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Father or guard	ian's name		
Father or guardia	n's signature		
Student's name			
Attestation	number		
City and date (DI	D/MM/YYYY)		
Association québécoise des transports	1255, boulevard Robert-Bourassa Bureau 220	5600, boulevard Bureau 330	des Galeries

Programme de reconnaissance des écoles de conduite

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