

PARENTAL AUTHORITY HOLDER'S CONSENT

I, the undersigned,					father or guardian of		
, stude	ent	at					
driving school, authorize my son/daughter to	be	filmed	during	the	course	assessment	
procedure, which will take place on			(DD/N	1M/YYYY	').	
I am aware that his/her face and voice will be film	ied, i	taped ar	nd recor	ded,	during th	nis particular	
class and that it will be used for evaluation purpos	es oi	nly.					
Father or guardian's name							
Father or guardian's signature							
Student's name							
Attestation number							
City and date (DD/MM/YYYY)							
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Association québécoise des transports

Programme de reconnaissance des écoles de conduite

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