



Health Professions Review Board

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FORM 4 REPRESENTATIVE AUTHORIZATION

Review Board File No. _____

Between _____ (Applicant or Complainant)

And: _____ (College)

And: _____ (Respondent)

I, _____, authorize _____
(Your Name) (Representative's Name)

to be my representative in regard to this review. My representative is authorized to receive and disclose all information relating to the review, including my personal information. I understand that the Review Board and other parties will not contact me directly and will contact only my representative.

Representative Information:

Name _____

Address _____

Phone number _____

Email address _____

A representative who stops representing a person must immediately (1) notify the Review Board in writing stating the client has been notified; and (2) deliver a copy of the notice to all other parties.

If I decide to change representatives or act on my own behalf, I must write to the Review Board and all other parties telling them so and give a current postal address.

If submitting this form by email:



I, _____, understand that checking this box constitutes a legal signature.

If submitting this form by Canada post, sign and date here

Signature	Date
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