

I, \_\_\_\_\_ of  
First name Last name

\_\_\_\_\_  
Address City/ Town Postal code

give permission to the Alberta Impaired Drivers Program to send the following information:

**Check one:**

- ☐ Letter confirming completion of IMPACT
- ☐ Letter confirming completion of Planning Ahead
- ☐ IMPACT Assessment Summary Report
- ☐ Assessment Summary Report completed through an Alternate Referral
- ☐ Letter confirming completion of Crossroads

\_\_\_\_\_ in \_\_\_\_\_  
Date of Course Location of Course

**Send the above information to the following person(s):**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Please sign below and have the signature witnessed:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

2015