

Nova Scotia Canadian Adult Education Credential (CAEC) Permission to Represent Authorization Form

This form grants permission to an individual/organization to request CAEC/GED records (i.e. accommodation status updates, PLAR requests, previously passed scores) of a candidate within the Nova Scotia CAEC Administration. The requester must send the completed form along with a copy of government issued signed ID to <u>CAEC@novascotia.ca</u>.

Please note: Transcript/Certificate requests must still be made by the tester themselves.

Requester Information:

Last Name	First Name		Middle Name	
Date of Birth (MM-DD-YYYY)		NS CAEC ID / St	udent Number	
Mailing Address	Cit	У	Province	Postal Code
Telephone Number	E	mail Address		

Representative Information:

Name of Organizations/Individua	l		
Mailing Address	City	Province	Postal Code
Telephone Number	Email Addr	ess	
Relationship to Candidate			

Consent:

By submitting this form, I authorize the above-named individual/organization to act on my behalf regarding my Nova Scotia CAEC/GED records. I acknowledge that I can withdraw this permission anytime by sending a completed Permission to Revoke Authorization Form to the Nova Scotia Department of Labour Skills and Immigration.

Signature	Date