

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

This form revokes any previously granted permission for representation to access a candidate's Nova Scotia CAEC/GED records. After submission, the representative loses the authority to act on a candidate's behalf. Please submit the completed form, along with a copy of government issued signed ID to CAEC@novascotia.ca.

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|----------------------------|------------|-----------------------------|-------------|
| Last Name | First Name | Middle Name | |
| Date of Birth (MM-DD-YYYY) | | NS CAEC ID / Student Number | |
| Mailing Address | City | Province | Postal Code |
| Telephone Number | | Email Address | |

Representative Information:

| | | | |
|----------------------------------|---------------|----------|-------------|
| Name of Organizations/Individual | | | |
| Mailing Address | City | Province | Postal Code |
| Telephone Number | Email Address | | |
| Relationship to Candidate | | | |

Consent:

By submitting this form, I hereby withdraw the permission given to the above-named individual/organization to act on my behalf regarding my NS CAEC/GED records. I acknowledge that this revocation is immediate, and the representative will no longer be authorized to act on my behalf.

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| Signature | Date |
|-----------|------|