Consent Form -- Assessment Review Board Refresher Training

Alberta

Important Information -- Please Read

*After registering and confirming the required course online, each registrant must submit this completed form to Municipal Affairs **ten business days** before the course is scheduled to begin for a guaranteed spot. The completed form may be submitted via fax or scanned and emailed to Citas Olympia-Moore.*

Fax   780-422-3110   **Email**   ma.arbadmin@gov.ab.ca

Registrant's Consent to Release Name

The Minister of Municipal Affairs is required to provide the sponsoring municipality and authorized training provider the names and contact information, and results for each registrant. As a result, the Minister requires consent from each registrant to release this information. A registry will provide municipalities with a list of qualified board members and clerks, and inclusion in this registry is optional.

I, _____ (please print), registrant, give my permission for the Minister of Municipal Affairs to provide my name, contact information and results to the authorized training provider and my sponsoring municipality for this purpose. *This consent is mandatory.*

_____
Registrant Signature

I, _____ (please print), registrant, give my permission for the Minister of Municipal Affairs to include my name and contact information in an online registry of qualified board members and clerks. *This consent is optional.*

_____
Registrant Signature

If a party to a complaint requests verification of qualification for assessment review board clerks or members, the Minister of Municipal Affairs wil provide the certificate of course completion to the requesting party.

Municipality's Consent to Register -- Signature of Chief Administrative Officer

I, the Chief Administrative Officer, certify that the registrant has been appointed to, or is the designated clerk for, the assessment review board of

_____   _____
Name of Municipality   *Date*

_____   _____
Name of Chief Administrative Officer   *Signature of Chief Administrative Officer*

Course(s) Required

☐ **Clerk Refresher**

Course Location _____   *Course Date* _____

☐ **Member Refresher**

Course Location _____   *Course Date* _____