

## Electronic Consent Authorization

I, \_\_\_\_\_, hereby:

- Provide my consent  
 Do not provide my consent

to the College of Physicians & Surgeons of Alberta (CPSA) to send a copy of my T4 slip electronically via an email attachment. If I choose to provide my consent, the document should be sent to me in a password-protected format.

I understand that such consent will remain in effect until I change it electronically or in writing.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date