



MELT STUDENT CONSENT TO PROVIDE INFORMATION

I, _____ hereby consent _____
[insert full legal name] [insert name of school]

to (the “**Driver Training School**”) providing the following information to The Manitoba Public Insurance Corporation (“**MPI**”):

- My full name;
- My Driver Licence Number or MPI Customer Number;
- My date of birth;
- That I am enrolled/was enrolled as a student of the Driver Training School in their Mandatory Entry Level Training (MELT) program, or an equivalent training program, for Manitoba Class 1 driver’s licences;
- Start date and end date of my training program;
- The name of my training program instructor; and
- My training results (i.e. whether I completed or didn’t complete the training program and whether I passed or failed the training program).

I understand and accept that MPI wishes to obtain and use this information for the purpose of updating my driver record, in order to facilitate booking my Manitoba Class 1 driver’s licence test.

By signing this document, I confirm that I have read, understood and agree to the information provided herein.

Signature of Witness

Signature of Student

Print Name of Witness:

Date

Date