



Advocacy Training and Development Program

CONSENT TO USE PERSONAL RECORDS FOR THE PURPOSE OF ASSESSMENT

I give my consent for my Advocate _____
(Name of Advocate)

from _____
(Name of ESO) to use my

personal records, including my service records, medical records, claims and any other records provided to or produced by my Advocate, for the purpose of providing evidence for assessment under the Course in Military Advocacy.

I acknowledge that my records will be viewed by the Advocacy Training and Development Program assessors, but that no copies of the records will be provided to the assessor in either paper or electronic format, and that the records will remain in the possession of my Advocate at all times.

Name: _____

Signature: _____

Date: _____