



AUTHORITY TO DISCLOSE/RECEIVE INFORMATION CONCERNING AN MCC CANDIDATE

The MCC is not permitted to disclose personal information about a candidate to a third party (i.e., relative, friend or agent) without the candidate's consent.
A candidate may authorize a third party (agent) to communicate and/or act on the candidate's behalf by completing this form in accordance with the [MCC Privacy Policy](#).

CANDIDATE'S AUTHORIZATION PLEASE PRINT CLEARLY

I (full name)

(MCC candidate code)

authorize my Agent (full name) to communicate with the MCC on my behalf regarding (please check all that apply):

- The processing and progress of my **source verification request (SVR)**
- The processing and progress of my current **examination application**
- The **results** of my examination session

This form only applies to the following examinations:

- MCCEE MCCQE Part I MCCQE Part II
- NAC examination Clinical skills component in family medicine All exams

This authorization will expire **one year from the date** this document is signed.

"I understand that it is my responsibility to inform the MCC before the expiry date if I no longer wish for the agent indicated on this authorization form to act on my behalf."

✕

* Candidate's signature

* Date (yyyy/mm/dd)

AGENT'S CONSENT PLEASE PRINT CLEARLY

I (full name)

consent to act as the Agent of (candidate's name) as authorized above. My contact details are as follows:

Address

Telephone

Email

✕

* Agent's signature

* Date (yyyy/mm/dd)