



Various employee groups have requested the names of staff who will be retiring this year so that a personal invitation may be sent to them for retirement celebration purposes.

To facilitate these requests, we ask that you sign the authorization form below and send back your permission to submit your name for this purpose.

NAME: \_\_\_\_\_ (Please print)

PRESENT LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RETIREMENT DATE: \_\_\_\_\_

Permission is granted to submit my name to AAPSP, CUPE Locals, OPC, Managers Associations or PSSP (please circle the applicable organization).

Permission is also granted to include my home address, email address and phone number.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please return to: [michelle.roberts@tvdsb.ca](mailto:michelle.roberts@tvdsb.ca)