MANITOBA
PUBLIC INSURANCE

AUTHORIZATION FOR RELEASE OF EDUCATION INFORMATION

Claim Number:

To: _____
(name of educational institution)

I, _____, (customer's name), born , who was injured in an automobile accident on (date of birth, dd/mm/yy), was injured in an automobile accident on (date of accident, dd/mm/yy) and I have made a claim to Manitoba Public Insurance for Personal Injury Protection Plan (PIPP) benefits under Part 2 of *The Manitoba Public Insurance Corporation Act*.

I authorize you to release to Manitoba Public Insurance, its agents and authorized representatives, any and all information that it may request concerning my education history in support of my claim for compensation under *The Manitoba Public Insurance Corporation Act and Regulations*.

I also authorize Manitoba Public Insurance to forward my educational information to any health care practitioners to whom I may be referred for an assessment relating to the claim.

This authorization, or a photocopy of same, shall be your full and sufficient authority to disclose this information to Manitoba Public Insurance.

This authorization shall be valid for a period of two years from the date of signature, unless earlier revoked by me in writing.

Witness (anyone 18 years of age or older)	Signature of Customer and/or Customer's Representative
	Date (dd/mm/yy)

Please return the completed form to:

Manitoba Public Insurance
Injury Claims Management
P.O. Box 6300, Winnipeg, MB R3C 4A4
Or Fax to Number: 204-954-5332