



**Saskatchewan
Association of
Optometrists**

Dr Leland Kolbenson, **Registrar**

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Date _____

Dear SAO Member:

For your convenience, and to streamline renewal procedures, we have prepared an authorization document to allow us to contact your insurer directly for a copy of your liability coverage renewals. To simplify our record-keeping procedures, please sign the following agreement.

The College of the Saskatchewan Association of Optometrists office understands the importance of protecting your personal information and we are committed to collecting, using and disclosing your personal information responsibly.

Respectfully,

Dr Leland Kolbenson
Registrar

I, Dr _____ (print) hereby authorize the Registrar and/or the Saskatchewan Association of Optometrists to obtain a copy of my liability insurance from my current insurance carrier.

Signed this _____ day of _____, 20__.

(signature)