

CONSENT TO PSYCHOMETRIC ASSESSMENT AND TO THE DISCLOSURE OF INFORMATION AND EVALUATION

I, the undersigned (Name and surname)

of (Address)

do hereby consent to undergo a psychometric assessment to be conducted by Annette Miller (hereinafter referred to as the "psychometrist").

I also understand that all career decisions are my responsibility and that the assessments will only provide me with insights into my current areas of interest, personality, values, readiness to make a career decision and intellectual functioning.

DATED at this day of **2018**

(Signed)