

### Consent to Disclose Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Alternate Name (e.g. maiden name, preferred name, alias) : \_\_\_\_\_

Unit #	Street #	Street Name	City	Province	Postal Code
--------	----------	-------------	------	----------	-------------

Preferred Phone (Home ☐ Work ☐ Cell ☐)

Email Address

**If you want us to send your personal information to someone else, please provide their information below.**

Third Party Name

Organization Name (if applicable)

Unit #	Street #	Street Name	City	Province	Postal Code
--------	----------	-------------	------	----------	-------------

Preferred Phone (Home ☐ Work ☐ Cell ☐)

Email Address

- ☐ I certify the above information to be accurate.
- ☐ I consent to a search of the provincial Child Protection Information Network (CPIN) and of York Region Children's Aid Society's legacy system in order for the Society to fulfil my request.
- ☐ I agree that my submitted data is being collected and stored by the York Region Children's Aid Society. Please Note: The York Region Children's Aid Society must abide by the privacy rules set out in the Child, Youth and Family Services Act, 2017.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_