



**DISCLOSURE SERVICES
CONSENT TO RELEASE INFORMATION**

I, _____
(print full name)

of _____
(address)

Hereby consent to the release of any information in the possession of the Catholic Children's Aid Society of Toronto to:

(print name of individual)

I understand that this Consent form shall be valid for a period of 12 months form the date of signature of this form.

I understand the Catholic Children's Aid Society of Toronto's written statement concerning the collection, use and disclosure of information.

I understand that the Catholic Children's Aid Society is seeking my consent for it to disclose information about me.

I understand that I can refuse to sign this consent form and that I may withdraw my consent in writing.

Dated at _____ this _____ day of _____, 20_____

Signature: _____ Witness: _____