

FREEDOM OF INFORMATION AND PRIVACY SERVICES
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ (Your Name)
_____ (Address)
_____ (Phone Number)
_____ (Date of Birth)

authorize the Ministry of Community Safety & Correctional Services to release to

_____ (Name/Title)
_____ (Organization)
_____ (Address)
_____ (Phone Number)

the following information:

_____ (Identify Records)

Signature: _____

Date: _____

Personal information contained on this form is collected pursuant to <i>Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Ministry's Freedom of Information and Privacy Co-ordinator, P.O. Box 4100, 200 First Avenue West, North Bay, ON P1B 9M3.
