



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Child, Family and Community Service Act (CFCS Act) and/or the Freedom of Information and Protection of Privacy Act (FOIPP Act).

LOCATION OF THE MINISTRY FOR CHILDREN AND FAMILIES OFFICE TO WHICH YOU ARE MAKING YOUR REQUEST

YOUR NAME

STREET, APARTMENT NUMBER, P.O. BOX CITY/TOWN

PROVINCE/COUNTRY POSTAL CODE AREA CODE & DAY PHONE # AREA CODE & ALTERNATE PHONE #

DETAILS OF REQUESTED INFORMATION As specifically as possible, please describe the information you are requesting. This will assist the request process.

I AM REQUESTING ACCESS TO INFORMATION ABOUT (YOU MAY CHECK MORE THAN ONE BOX)

MYSELF - IF SO, PLEASE PROVIDE BIRTHDATE: YYYY/MM/DD

A CHILD UNDER 12 YEARS OF AGE IN MY LEGAL CARE

OTHER, PLEASE SPECIFY:

IF YOU ARE NOT REQUESTING ACCESS TO INFORMATION ABOUT YOURSELF, PLEASE ATTACH THE OTHER PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF, AS APPROPRIATE.

YOUR SIGNATURE DATE SIGNED (YYYY/MM/DD)