

AUTHORIZATION TO RELEASE INFORMATION

TO: The Criminal Injuries Counselling Program

1. I _____ **authorize:**
Applicant's Name

- (1) The hospital, physician, qualified practitioner, or counsellor to furnish the Criminal Injuries Counselling Program at their request with a report as to my injuries and counselling needs.
- (2) The police to provide the Criminal Injuries Counselling Program with a copy of any statements.
- (3) The Workers' Compensation Board and any other authority from which I receive Provincial, Municipal or Federal funds or services, to provide the Criminal Injuries Counselling Program with any information relevant to my application.
- (4) My employer to provide the Criminal Injuries Counselling Program with information on counselling services which may be available to me through my employment.

2. **I understand the Criminal Injuries Counselling Program may notify the authorities mentioned above, that I have submitted an application, and may inform them of the Program's decision.**

The following signatures are necessary. If the person to receive the counselling (i.e. the applicant) is:

- under 16 years of age - application must be signed by the parent/guardian of the applicant
- between 16 and 18 years of age - application may be signed by either the parent/guardian or by the applicant.
- 19 years of age or older - application to be signed by the applicant

Date: _____

Signature: _____

If you are signing on behalf of, or in addition to, the applicant state your name and relationship to her/him.

Name (please print):

Relationship to Applicant: