

CONSENT and AUTHORIZATION

TO: JEWISH FAMILY AND CHILD SERVICE
4600 Bathurst Street
First Floor
Toronto, Ontario, M2R 3V3

RE: _____

I/We, _____ born _____ and _____ born _____
Client name A dd/mm/yyyy Client name B dd/mm/yyyy

consent to the release of all relevant records on *[specify whose record is being requested and under what program, e.g. records of mother, father and/or children in our Family Services files e.g. counselling, woman abuse, financial assistance, or under Child Welfare files e.g. child protection records]*

of Jewish Family and Child Service pertaining to our family, including the records related to one or both of us and/or to our child(ren)

List of child(ren) and date(s) of birth (dd/mm/yyyy)

Limitations (if any) on Collection or Disclosure of Client Information:

to _____

State record recipient's name, address and email (e.g. contact for a lawyer or a designated person)

I/We authorize the Jewish Family and Child Service to release to _____

all relevant information, including records, reports, assessments, documents, notes and other material about one or both of us and/or our child(ren) named above, and this shall be your good and sufficient authority for doing so.

Dated at _____, this _____ day of _____, _____
year

Witness Signature

Relationship to Client A

Signature of Client A

Dated at _____, this _____ day of _____, _____
year

Witness Signature

Relationship to Client B

Signature of Client B