

Consent to Release Personal Information

Tenant Information

Name:			
Address:			
Phone Number:		Email:	

Release To

By signing this document I agree to release information or records to:

- | | |
|---|--|
| <input type="checkbox"/> Peterborough Social Services/Ontario Works | <input type="checkbox"/> YWCA Peterborough Haliburton |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> CCRC |
| <input type="checkbox"/> Canadian Mental Health Association (CMHA) | <input type="checkbox"/> Alternatives Community Program Services |
| <input type="checkbox"/> Fourcast | <input type="checkbox"/> YES Shelter for Youth and Families |
| <input type="checkbox"/> Children's Aid Society (CAS) | <input type="checkbox"/> Brock Mission |
| <input type="checkbox"/> Canopy Support Services | <input type="checkbox"/> Community Living Trent Highlands |
| <input type="checkbox"/> Ontario Health at Home | <input type="checkbox"/> OPGT |
| <input type="checkbox"/> Elizabeth Fry Society | <input type="checkbox"/> Other Person or Agency (complete below) |

Details:	<input type="checkbox"/> Organization/Agency <input type="checkbox"/> Person (family, friend, guardian, etc.)		
Name:			
Relationship to Tenant:			
Phone Number:		Email:	

Details:	<input type="checkbox"/> Organization/Agency <input type="checkbox"/> Person (family, friend, guardian, etc.)		
Name:			
Relationship to Tenant:			
Phone Number:		Email:	

Information To Be Released

Please identify the specific records or information to be released, as well as the timeframe the records or information may be released. Release timeframe may not be longer than 12 months.

Authorized Start Date:		Authorized End Date:	

Method of Release

Please indicate the methods by which you agree to have your information or records released. If requesting information or records, please indicate how you wish to receive the requested records.

I agree to release information or records by:	If requesting records, I wish to receive by:
<input type="checkbox"/> Verbally in person or by phone <input type="checkbox"/> Electronically through email or text <input type="checkbox"/> Physically through paper copy	<input type="checkbox"/> Examine originals – on site only <input type="checkbox"/> Receive a paper copy by mail <input type="checkbox"/> Physically through paper copy

Authorization

By signing below, I consent to Peterborough Housing Corporation releasing and receiving my personal information as per the specifications included on this form.

Print Name (Tenant)

Signature

Date