



# 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*