**York Region
Children's Aid Society**
Société d'aide à l'enfance
de la région de York

Kennedy Place
16915 Leslie Street
Newmarket, ON L3Y 9A1
**www.yorkcas.org**

## Consent to Disclose Information

**Personal Information:** I understand that my personal information may include my date of birth, contact information, records of meetings with me and/or my family, the services I or my child received, the programs I or my child attended, details of physical and mental health, medical, psychological or psychiatric reports, school information, financial information, employment history, allegations or findings of child maltreatment, court documentation, police interventions, criminal history, the information that I reported/provided contained in the record, my or my child's views or opinions, the views and opinions of others about me or my child and information about my or my child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, religion, age, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, marital or family status.

To: **York Region Children's Aid Society**

I, _____

      **Name**                         **Date of Birth (MM/DD/YYYY)**

_____

**Alternate Name(s) e.g. maiden name, traditional name, alias, etc.**

authorize you to release to:

_____

**Third Party Name/Organization Name**

_____

**Email Address**                         **Phone Number**

all information including records, assessments, documents, and other material with respect to me and/or my child(ren) *under 16 years of age* listed below:

| Child's Name: | Date of Birth: |
|---|---|
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You have the right to place conditions on your consent to limit the personal information disclosed. You further have the right to withdraw your consent by providing notice to York Region CAS. Please note that should you withdraw consent; your withdrawal will be effective as of the date you provided notice and will not be applied to any disclosure before that date.

**Date:** _____      **Signature:** _____