

**Authorization for Release of
Personal Information****Freedom of Information and Protection of Privacy Services****If you require assistance please contact:**

Freedom of Information and Protection of Privacy Services
Ministry of Community Safety and Correctional Services
200 First Avenue West
North Bay ON P1B 9M3
Tel: 705 494-3080 Fax: 705 494 3081

Request Number _____

I, _____
(Your Name)_____
(Address)_____
(Phone Number)_____
(Date of Birth)

authorize the Ministry of Community Safety and Correctional Services to release to

(Name/Title)_____
(Organization)_____
(Address)_____
(Phone Number)

the following information:

(Identify Records)

Signature

Date (yyyy/mm/dd)

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Protection of Privacy Coordinator, Ministry of Community Safety and Correctional Services, 200 First Avenue West, North Bay ON P1B 9M3.