



PH9-D2-P1 Appendix C: Consent to Release Personal Information

Authorizing Individual

First Name:			
Last Name:			
Address:			
Phone#:		Email:	
Relationship: <small>Tenant, Employee, Agent</small>			

Release Information To:

- | | |
|--|---|
| <input type="checkbox"/> Peterborough Social Services/Ontario Works (OW) | <input type="checkbox"/> YWCA Peterborough Halliburton |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> CCRC |
| <input type="checkbox"/> Canadian Mental Health Association (CMHA-HKPR) | <input type="checkbox"/> Cameron House |
| <input type="checkbox"/> Fourcast | <input type="checkbox"/> YES Shelter for Youth and Families |
| <input type="checkbox"/> Children's Aid Society (KH-CAS) | <input type="checkbox"/> Brock Mission |
| <input type="checkbox"/> Tri-County Community Support Services | <input type="checkbox"/> Community Living Trent Highlands |
| <input type="checkbox"/> Home and Community Care Support Services – CE | <input type="checkbox"/> OPGT |
| <input type="checkbox"/> Peterborough Housing Corporation
(complete details below, if required) | <input type="checkbox"/> Other Person or Agency
(complete details below) |

First Name:			
Last Name:			
Organization:			
Address:			
Phone#:		Email:	

First Name:			
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Please complete page 2 as well.



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Records to be Released

Please be specific by identifying the types of records/information, the department that may have custody and the timeframe the records/information may be released. Timeframe may not be longer than 12 months.

Release Authorization Start Date	Release Authorization End Date

By my signature, I hereby consent to Peterborough Housing Corporation **releasing** and **receiving** my personal information in accordance with the specifications detailed on this form.

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Print Name

Signature

Share Records/Information via

Place an "X" in the appropriate box:	
<input type="checkbox"/>	Verbally in person or by phone.
<input type="checkbox"/>	Examine original(s) – on site only.
<input type="checkbox"/>	Receive a paper copy only via mail.
<input type="checkbox"/>	Receive an electronic copy only via email.
<input type="checkbox"/>	Receive a paper copy via mail and an electronic copy via email.

Additional Information (if required):
