



## ACCESS TO RECORDS REQUEST

You are entitled to your personal information only.

**We required signed, written consent from all other individuals in order to release their personal information to you.** If signed, written consent is not received for all individuals, the personal information of those individuals who have not provided consent will be removed from your disclosure.

If you are requesting disclosure pertaining to your biological child(ren) or child(ren) who is / are in your legal care, please provide us with a copy of any relevant Court Order / Parenting Plan / Separation Agreement or any other legally binding document currently in effect, that would enable us to ascertain if you have the right to access the child(ren)'s personal information. If there is an active Family Law matter related to the child(ren), please provide us with the most recent judicial Endorsement and the most recent court order relating to parenting time and decision making. Obtaining the above-mentioned materials would enable us to process your request for file disclosure in a more timely and efficient manner.

### APPLICANT INFORMATION

Full Name	
Date of Birth (dd/mm/yyyy)	
Former Name(s) or Alias	

### Contact Information:

Address	Street Address		
	City	Province	Postal Code
Home Phone		Cell	
E-mail address			

Can we leave a message:    at your home number?        YES        NO  
    on your cell?        YES        NO

**ARE YOU REQUESTING A DISCLOSURE FOR A FAMILY LAW MATTER?**       YES       NO  
**If yes, please provide your current lawyers information below.**

**LAWYER INFORMATION:**

Please provide lawyers' names, email and contact information (if applicable)

<i>Your Lawyer</i>	<i>Other Person's Lawyer</i>
NAME: ADDRESS: PHONE NUMBER: EMAIL:	NAME: ADDRESS: PHONE NUMBER: EMAIL:

**FAMILY INFORMATION**

*Former child involved with CCAS protection services*

**TO BE COMPLETED BY AN INDIVIDUAL WHO IS REQUESTING THEIR HISTORY OF INVOLVEMENT WITH CCAS AS A CHILD/YOUTH**

Mother's Name	
Date of Birth (dd/mm/yyyy)	

Father's Name	
Date of Birth (dd/mm/yyyy)	

Sibling Name	
Sibling Name	
Sibling Name	
Sibling Name	
Sibling Name	

**Service Recipient (TO BE COMPLETED BY ADULT/PARENT(S) INVOLVED WITH CCAS)**

If you are/were a service recipient, please provide us with the following information.

Spouse/Partner's Name	
Date of Birth (dd/mm/yyyy)	

Child's Name	
Date of Birth (dd/mm/yyyy)	

Child's Name	
Date of Birth (dd/mm/yyyy)	

Child's Name	
Date of Birth (dd/mm/yyyy)	

Child's Name	
Date of Birth (dd/mm/yyyy)	

**ADDITIONAL INFORMATION**

Please provide us with any additional information you feel will assist us in our search for records (e.g., additional family members).

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**PROOF OF IDENTITY:** Please provide copies of 2 pieces of identification – one of which must be Government issued photo ID.

**CONSENT:** We required signed, written consent from all other individuals in order to release their personal information to you. If signed, written consent is not received for all individuals, the personal information of those individuals who have not provided consent will be removed from your disclosure.

**HOW WOULD YOU LIKE TO RECEIVE YOUR INFORMATION?**

- Password Protected Email (**recommended**)
- Password Protected USB (**recommended**)
- Hard Copy (paper format)

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

2 pieces of ID received

YES

NO

Confirmed By: \_\_\_\_\_

Date: \_\_\_\_\_