



WINDSOR-ESSEX CHILDREN'S AID SOCIETY

1671 Riverside Drive East
Windsor, ON N8Y 5B5
Phone: (519) 252-1171 Fax: (519) 256-2739

CONSENT FOR RELEASE OF NON-IDENTIFYING INFORMATION

I _____ of _____
(Full Name) (City, Town, Province)

- am requesting background information for my use
- am releasing non-identifying information for the purpose of disclosure

Check one:

- As an adoptee
- As an adoptive parent
- As a birth parent
- As a birth sibling
- As a former Crown Ward
- Other: _____

I am the person to whom the information pertains and I release the Windsor-Essex Children's Aid Society from any liability or consequences pertaining to the release of this information. I understand that this Agency will not release any information of any identifying nature in this regard.

Enclosed is a Photostat copy of _____ as proof of my identification.

Signature of Applicant

Date

Witness

Please complete and return to the above address with the photostat copy of identification, attention Adoption Disclosure.