



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 birth relative

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.

I have enclosed photo copy of proof of identification.

Signature of Applicant

Date

Witness

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