

CONSENT FOR RELEASE OF NON-IDENTIFYING INFORMATION

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

- I am requesting non-identifying information for my use
 I am releasing non-identifying information for the purpose of disclosure (please check this box if you are submitting a completed Social History Sharing Form)

Check one: As an adoptee
 As an adoptive parent
 As a birth parent
 As a birth sibling
 As a birth relative, relationship to adoptee: _____

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 have enclosed photo copy of proof of my identification.

Signature of Applicant

Date

Please return completed form, along with a photo copy of your identification, to:

**Windsor-Essex Children's Aid Society
Attn: Adoption Disclosure
1671 Riverside Drive East
Windsor, ON N8Y 5B5**

FAX: 519-256-1820

Email: adoption@wecas.on.ca