

## Access & Release of Personal Information - Family

For Office Use Only:					
Method of Authentication:					
Confirmed by: Date:					
e of Request Centre/Location (if applicable)					
Name of Requestor					
Name of Person (whose information is being sought)					
Relationship to this person					
(e.g., self, mother, father, guardian, etc.)  Requestor's Contact Information  Address					
Phone #					
Information being sought Please provide sufficient detail in order to identify the records being sought. For example, if you are seeking notes on a particular incident, specify date and general description of the incident.					
Reason for the request Providing this information will help us identify other records that may be of interest to you					



(2020-12)

## Access & Release of Personal Information - Family

	curity reasons, we prefer that y ng. If you are unable to do so or ing:			_		
	I will review the information at the office and do not require copies					
	I would like to pick up copies of this information at the centre					
	Please provide my information Mailing address or fax number		Mail	Fax		
	Release this information to:		(11.1			
	Address:	(third party)				
	Phone:		Fax:			
Please note the following:						
•	<ul> <li>If we are able to provide you with access to your child's information:         <ul> <li>We will attempt to do so within 30 days of your request. If we need longer to locate or gather the information, we will let you know.</li> <li>There may be a minimal charge associated with providing you access in order for us to recover costs incurred (e.g., photocopying, staff time). You will be notified and asked to agree to such charges in advance of us incurring necessary costs.</li></ul></li></ul>					
I certify that I have the legal authority to access the information being requested and have completed this form to the best of my ability. I understand that any records that leave RisingOaks Early Learning Ontario in order for RisingOaks to fulfill an access request become the responsibility of the Requestor. If indicated above to release the information to a third party identified by me, I hereby release and discharge RisingOaks from any claim whatsoever relating to RisingOaks and its employees or directors acting in accordance with this authorization.						
Signature of Requestor			Date			
			ls, Fill & Sign to drav	v or		
Name of Requestor (please print)		type your sig	gnature.			

This document is available in alternate formats and/or with communication supports, upon request. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.risingoaks.ca or contact your centre Supervisor for a copy.

Page 2 of 2