CONSENT TO RELEASE PERSONAL INFORMATION

Name: ______

Address: _____

Phone: _____

I authorize **Toronto Seniors Housing Corporation** to disclose the following personal information about me:

(Describe the personal information to be disclosed. For example: your tenant file, Housing Connection file, security report. Add additional pages if you need more space)

То: _____

(Print name of the person or organization that requires the information)

□ I have attached a copy of a government-issued photo ID to verify my identity. For example: a driver's licence, Ontario photo card, citizenship card, first photo page of passport.

This consent shall be valid for one year from the date of signing unless it is revoked in writing prior to that date.

Name	Signature	Date (yyyy/mm/dd)
Privacy notice- The personal information requested on this form is collected under s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to the request to disclose personal information. If you about any questions about the collection of this information, please contact Rajni.Vaidyaraj@torontoseniorshousing.ca or 437-290-7813		

Toronto Seniors Housing Corporation 423 Yonge St., 2nd Floor Toronto, ON M5B 1T2

Name Signature Date (yyyy/mm/dd) To: [Print name of person/organization who you want to receive the information] [Print name of person or organization that requires the information.] I attach a copy of a government-issued photo ID to verify my identity. (For example: a driver's licence, Ontario photo card, citizenship card, first photo page of passport.) This consent shall be valid for one year from the date of signing unless it is revoked in writing prior to that date. Privacy notice – The personal information requested on this form is collected under s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to the request to disclose