

**FREEDOM OF INFORMATION AND PRIVACY SERVICES**  
**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ (Your Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Date of Birth)

authorize the Ministry of the Attorney General to release to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Phone Number)

the following information:

\_\_\_\_\_  
\_\_\_\_\_ (Identify Records)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Ministry's Freedom of Information and Privacy Coordinator, 720 Bay Street, 5<sup>th</sup> Floor, Toronto, Ontario, M5G 2K1.