

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, e.g. tenant file, HoMES or Work Order (maintenance) records. Add additional pages if necessary.]

to: _____
[Print name of person/organization requiring the information.]

I attach a copy of a government issued photo identification document (e.g. Driver's Licence, Ontario Photo Card, Citizenship Card, first photo page of Passport) to verify my identity.

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 have any questions about the collection of this information, please contact Board Secretary, Toronto Seniors Housing Corporation, 423 Yonge Street, Toronto ON M5B 1T2. accesstoinfo@torontoseniorshousing.ca