

<b>A. Client Information</b>			
Client full name:		Date of Birth:	
Phone number:		Email:	
Mailing address:			
Street Address	City/Town	Province	Postal Code
<b>B. Applicant</b> (complete only if you're requesting records and are not the client)			
Full name:		Your authority: <i>(please check)</i> <input type="checkbox"/> Consent <input type="checkbox"/> POA <input type="checkbox"/> SDM <input type="checkbox"/> Court order <input type="checkbox"/> Executor <input type="checkbox"/> Other:	
Address:		<i>Reminder: attach proof of authority.</i>	
Email:		Phone number:	
<b>C. Records Requested</b>			
Date range: <i>(from-to)</i>		Programs/locations involved <i>(if known)</i> :	
I am requesting access to the following personal information. <i>(Please describe the record(s) you are seeking as specifically as possible, to assist with processing your request.)</i>			
<b>D. Delivery Method</b>			
<input type="checkbox"/> Encrypted and password protected email to the address listed above (I acknowledge any email risks)			
<input type="checkbox"/> Other:			
<b>E. Fees</b>			
I understand a fee estimate may be requested before the records are released.			Initials:
<b>F. Consent &amp; Certification</b>			
I confirm the information is correct. I am the client or the authorized. I understand identity must be verified and some details may be withheld by law. If I lack the client's signature, I have attached proof of release to this application.	Requester signature:		
	Date:		
	Client signature:		
	Date:		