

## Access to Personal Information & Disclosure Request Form (Non-Adoption Disclosure Requests)

### Instructions:

Complete this form to request access to personal information or disclosure of records held by:

**Family & Children's Services of Guelph & Wellington County**

This form must be submitted with a consent form for any persons 16 years of age or older whose information is requested

*\*NB – all forms must be signed and witness by either an employee of the agency, or another submitting agency*

*(for legal disclosures for court, skip to section B)*

### A) REQUEST FOR ACCESS TO PERSONAL INFORMATION)

Date of Request (DD/MMM/YYYY):

Your Legal Name (include former names/aliases if applicable):

Date of Birth (DD/MMM/YYYY):

Email Address:

Address:

City:

Phone:

Province:

Cell Phone:

Postal Code:

The person requesting access to personal information is a:

Parent/caregiver currently or formerly involved with this agency

Child currently or formerly involved with this agency

Foster parent currently or formerly involved with this agency

*\*skip to section C to provide information on additional persons*

## B) REQUEST FOR LEGAL DISCLOSURE OF RECORDS

Date of Request (DD/MMM/YYYY):

Date Required by (DD/MMM/YYYY):

Applicable File Nos (Court/OCL):

By making this request for another person's information, I agree that:

- ✓ I will respect the privacy of those persons referred to in the records
- ✓ The records will not be publicized in any manner unless to an Ontario Court of Justice
- ✓ All lawyers requesting these records and who plan to share the contents of the disclosure with their client, will agree to review these conditions with their client

Your Name:

Your Agency Name:

Address:

City:

Phone:

Province:

Fax:

Postal Code:

Email:

Copy to be provided to:

(Must be named on Consent form)

*(For Lawyers)* I am acting for,

Legal Name:

Date of Birth (DD/MMM/YYYY):

Phone:

Address:

City:

Province:

Postal Code:

## C) ADDITIONAL RECORDS REQUESTED

If requesting records regarding additional (child or adult), their names & dates of birth are as follows:

Name:

Date of Birth  
(DD/MMM/YYYY):

Name:

Date of Birth  
(DD/MMM/YYYY):

Name:	Date of Birth (DD/MMM/YYYY):
Name:	Date of Birth (DD/MMM/YYYY):
Name:	Date of Birth (DD/MMM/YYYY):
Name:	Date of Birth (DD/MMM/YYYY):

**For children, the custodial status is as follows:**

Living with both parents

In the sole court-ordered care of the person requesting the information (*please attach copy of order*)

In joint care under a court order (*attach copy*) between:  
and:

No court order, but the child(ren) has/have been living since (DD/MMM/YYYY)

with:

Other:

**D) INFORMATION DISCLOSURE**

**The nature of information requested:**

Verbal

Copies of existing summary documents

Copies of documents and/or case notes regarding the following date or event:

All Records

**The following format is requested:**

A paper copy

A digital copy

Other:

**The purpose of this request:**

For information held by this agency regarding myself and/or my children

For use in preparing a legal case with this agency; court date (DD/MMM/YYYY):

For use in preparing a legal case *not* with this agency; court date (DD/MMM/YYYY):

For a court order for disclosure (*attach copy*)

Other (*specify*):

*F&CS staff will contact you using the information provided on this form. Please indicate your preferred method of contact:*

Signature of the person requesting Access to Personal Information or Disclosure of Records:

Date (DD/MMM/YYYY):

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**For Office Use Only:**

Received by (*worker name/dept*):

Date (DD/MMM/YYYY):