



**To: Information Access Operations**

PO Box 9569, Stn Prov Govt  
Victoria BC V8W 9K1

**AUTHORIZATION FOR RELEASE OF RECORDS held by:**

**Community Living British Columbia** ("CLBC") pursuant to section 22(4) (a) or section 33.1(1) (b) of the *Freedom of Information and Protection of Privacy Act*

I, \_\_\_\_\_,  
(name of individual whose personal information will be disclosed)

**understanding that CLBC may have possession of the following types of records relating to me,**

- **AM** – at home medical benefits
- **CH** – child at home program
- **FH** – mentally handicapped family services
- **MH** – mentally handicapped adult
- **SN** – special needs daycare

**do hereby authorize CLBC to disclose the following records relating to me:**  
(please initial in the appropriate place and identify the relevant date range)

	DATE RANGE	
AM records	YES ___	_____ to _____
CH records	YES ___	_____ to _____
FH Records	YES ___	_____ to _____
MH Records	YES ___	_____ to _____
SN records	YES ___	_____ to _____

**or** \_\_\_\_\_  
(otherwise describe the records to be released)

to \_\_\_\_\_  
(name and address of person to whom the records are to be released)

**for the following purpose(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(describe the purpose of the disclosure)

My date of birth is \_\_\_\_\_

This consent is for one time only, and expires on: \_\_\_\_\_.

This consent is effective as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print name of CLBC Client

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of CLBC Client