



The personal information on this form is collected for the purpose of providing funds through Autism Funding: Under Age 6 Program and Autism Funding: Ages 6-18 Program in accordance with the Supply Act under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use or disclosure of this information should be directed to the Autism Funding Community Liaison/Quality Assurance Officer, toll free at 1-877- 777-3530, PO Box 9776 Stn Prov Govt, Victoria BC V8W 9S5.

As the parent or legal guardian who signed the Autism Agreement, complete this form to authorize Autism Funding to disclose information about your child's autism funding with the people you specify. All required information is indicated by a \*.

Reference Number

Child Information

\*Last Name \*First Name Middle Name(s) \*Birth Date (yyyy-mmm-dd)

Release of Information for Autism Funding

Parent or Legal Guardian's Name \* Email Address

I, \_\_\_\_\_ consent to the release of information as defined below, regarding my child to: (\*Parent or Legal Guardian's Name)

Name of Person (three rows)

all information regarding Autism Funding

only some information:

\*Please specify the information we can share:

My consent is valid for the period of time that I participate in an Autism Funding Agreement with the ministry, or will expire on this date \_\_\_\_\_ Date (yyyy-mmm-dd)

Signature of Parent/Legal Guardian Giving Consent Daytime Telephone Date Signed (yyyy-mmm-dd)

Submit completed form to: Autism Funding PO Box 9776 Stn Prov Govt Victoria BC V8W 9S5 Email: MCF.AutismFundingUnit@gov.bc.ca

Telephone: 1 877-777-3530 or 250-387-3530 Facsimile: 250-356-8578