



2953 Bathurst St, Unit 103 – Toronto, ON M6B 3B2
Toll Free Phone: 1-844-7-CHESED (724-3733) Local: 416-839-2500 * 3

AUTHORIZATION TO RELEASE AND GAIN ACCESS TO PERSONAL INFORMATION

Applicant's Name: _____ Date of Birth: _____

Maiden Name: _____ Spouse Name: _____

I, _____, grant permission to Chesed Toronto to release and obtain personal information of the applicant(s), named above, from any organization they deem beneficial to the applicant(s):

This request and authorization applies to:

Assistance provided by Organizations:

Assistance applied for:

Assistance needed:

Other: _____

Definition: Chesed Toronto is an advocacy group on YOUR behalf.

We would like to obtain access to your application(s) and file(s) in other organization(s) and be able to share your information and files with other organization(s). This is done to ensure you are getting the most accurate and beneficial access to necessary services that you should be granted to.

Yes No I authorize the release of my record(s) TO Chesed Toronto from another organization.

Yes No I authorize the release of any record(s) FROM Chesed Toronto to another organization.

I understand that my authorization will remain effective from the date of my signature, and that the information will be handled confidentially.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

Yes I have read and understand the nature of this release.

Applicant Signature: _____

Date Signed: _____

Applicant Signature: _____

Date Signed: _____

THIS AUTHORIZATION WILL ONLY BE USED TO ADVOCATE ON YOUR BEHALF.
Chesed Toronto will not sell or use for any other purpose.