



NORTHUMBERLAND BIG SISTERS BIG BROTHERS

CONSENT TO RELEASE AND DISCLOSE INFORMATION

TO: CHILDREN'S AID SOCIETY OF NORTHUMBERLAND
1005 Burnham Street
Cobourg, Ontario K9A 5E9

FIRST NAME _____ MIDDLE NAME(S) _____

SURNAME _____ MAIDEN NAME _____

PREVIOUS MARRIED NAME(S) _____

ADDRESS _____
(Street, Rural Route, Box#) (City, Town, Village) (Postal Code)

TELEPHONE () _____ - _____ DATE OF BIRTH _____

I HEREBY AUTHORIZE the Children's Aid Society of Northumberland to release any and all information on file to Northumberland Big Sisters Big Brothers.

Applicant's Signature _____ Date _____

Witness _____ Date _____