



Request for Access to My Records

*Please print. Sections marked with an asterisk * must be completed in order for the request to be processed.*

Requester Information * (information about the person making the request)

First Name	Middle Name(s)	Last Name
Other Name(s) used (if applicable)	Maiden Name (if applicable)	Date of Birth (dd/mm/yyyy)

Full Address *

Street Address			
Address Line 2			
City/Town	Province/State/Region	Postal/Zip Code	Country

Contact Information

Daytime Telephone Number *	May we leave a message for you at this number? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Telephone Number	May we leave a message for you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address that will be used to communicate about this request *			

Request Details

I am requesting my information: * as a child
 as a parent
 other (please specify) _____

Name at time of involvement with Toronto CAS:

Reason for request:

In order to complete a full search, we require additional information about you/your relationships (if available)

For those requesting information as a child:

Mother (if known)	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)
Father (if known)	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)

For those requesting information as a parent:

Child 1	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)
Child 2	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)

For additional children, kindly list their information on a separate sheet.

I confirm that I am a parent with lawful custody of the listed child(ren).

Note: A consent form signed by each child over age 16 must be attached.

All requesters: Please choose the format in which you would like to receive your information

- PDF that you may download from our online portal
- PDF on a USB memory stick (sent by mail)
- Paper copy (sent by mail or by courier depending on the weight of the package)

If we determine that there was involvement with CAS of Toronto and with other child welfare agencies in Ontario, would you like us to forward your request to the other agencies? Yes No

Please sign below and attach photocopies of two pieces of identification (both sides), at least one of which shows your signature and at least one of which confirms your current mailing address.

Consent of Requester

By submitting this form, I consent to the collection by the Children's Aid Society of Toronto of the personal information I have provided, and for its use for the purpose of managing and responding to my request.

Signature

Date

Please send your completed application form, copies of identification, and children's consents (if applicable) to:
Children's Aid Society of Toronto, 30 Isabella St., Toronto, ON M4Y 1N1 or by email to the email address below.

If you have any questions, please call **416-924-4640 ext. 2597** or e-mail **RequestRecords@TorontoCAS.ca**.