

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)

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First Name		Middle Name(s)		Last Na	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	Provinc	e/State/Region	Postal/Zip Code		Country	
Contact Information						
Daytime Telephone Number *	May we leave a message at this number? *		Alternate Telephone Number		May we leave a message at this number?	
Number	Yes		INUITIOGI		Yes 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)						
			specify)			
Name at time of involvem Toronto CAS:						
Reason for request:						
Rouson for request.						
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In order to complete a full search, we require additional information about you/your relationships (if available) For those requesting information as a child: First Name Middle Name(s) Last Name Date of Birth (dd/mm/yyyy) Mother (if known) First Name Middle Name(s) Date of Birth (dd/mm/yyyy) Last Name Father (if known) For those requesting information as a parent: First Name Middle Name(s) Last Name Date of Birth (dd/mm/yyyy) Child 1 First Name Middle Name(s) Last Name Date of Birth (dd/mm/yyyy) Child 2 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) 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 email RequestRecords@TorontoCAS.ca.