

CONSENT TO RELEASE PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____

I authorize **Toronto Community Housing Corporation** to disclose the following personal information about me:

[Describe the personal information to be disclosed. For example: your tenant file, Housing Connections file, security report. Add additional pages if you need more space.]

To: _____
[Print name of person or organization that requires the information.]

- I attach a copy of a government-issued photo ID to verify my identity.
(For example: a driver's licence, Ontario photo card, citizenship card, first photo page of passport.)

This consent shall be valid for one year from the date of signing unless it is revoked in writing prior to that date.

Name	Signature	Date (yyyy/mm/dd)

Privacy notice – The personal information requested on this form is collected under s. 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of responding to the request to disclose personal information. If you have any questions about the collection of this information, please contact the Information Specialist, Toronto Community Housing Corporation, 931 Yonge Street, Toronto ON M4W 2H2, 416-981-4231.