



Contact your Community Coordinator
for fax number

BC Centre for Ability Opportunities Fund Program

Consent to Release and Obtain Information

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE BC CENTRE FOR ABILITY TO RELEASE AND OBTAIN INFORMATION REGARDING MYSELF TO/FROM THE FOLLOWING

NAME OF ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

PLEASE NOTE:
THIS INFORMATION WILL BE USED FOR THE PURPOSE OF VOCATIONAL PLANNING AND EVALUATION OF REQUESTS FOR FUNDING. ALL INFORMATION SHARED WILL BE KEPT CONFIDENTIAL EXCEPT WHERE CONSENT HAS BEEN GRANTED IN WRITING TO EXCHANGE WITH THIRD PARTIES

BY SIGNING BELOW, I RELEASE THE BC CENTRE FOR ABILITY AND THE ORGANIZATION AND/OR INDIVIDUAL LISTED ABOVE FROM ANY CLAIMS WHATSOEVER, WHICH MAY ARISE AS A RESULT OF RELEASING OF OBTAINING INFORMATION

NAME OF CLIENT _____

SIGNATURE OF CLIENT _____

DATE SIGNED* _____

DATE OF BIRTH _____

NAME OF WITNESS _____

SIGNATURE OF WITNESS _____

*THIS CONSENT IS VALID UNTIL COMPLETION OF SERVICES WITH BC CENTRE FOR ABILITY, OR UNTIL CONSENT IS REVOKED IN WRITING BY EITHER PARTY