



The Children's Aid Society of Ottawa | La Société de l'aide
à l'enfance d'Ottawa

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Authorization & Direction

To: The Children's Aid Society of Ottawa

Attention: Disclosure Unit

Re: Legal Disclosure Request

File No.:

Name of involved parties [Mother, Father and Children]

Additional Information if applicable:

Time period requested _____

Name of current or most recent CAS worker _____

Upcoming court date _____

Disclaimer:

*The Children's Aid Society of Ottawa is **not** authorized to release information identifying third-parties, and will therefore omit all confidential names and identifying information from file disclosure.*

*Portions of the documents/reports released may be **extensively redacted**, with the exception of **report numbers, dates and authors** (if available).*

One of the following documents is required for a reacted copy of our files:

☐ A court order directing CAS to do so

OR

☐ Written consent from both parents.

For information including a third party (adult child, family member, or current partner), written consent must be also be provided with this request.

Please note:

Our processing time for legal disclosure requests is 30 business days from the date received.

Once disclosure package is available, we require proof of photo identification at time of pick up.

Written consent may be submitted via email to the attention of the Disclosure Unit Assistant, by fax to (613)-747-4456, or by visiting CAS location in person during business hours.



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To: The Children's Aid Society of Ottawa

Attention: Disclosure Unit

Re: Legal Disclosure Request

File No.:

CONSENT FOR RELEASE OF INFORMATION

I _____,

Authorize for the release of information to the requesting person(s) listed:

_____.

This authorization includes all records, assessments, documents, and other material containing CAS involvement pertinent to me and my child/children listed below:

_____ (child) _____ (date of birth)

_____ (child) _____ (date of birth)

_____ (child) _____ (date of birth)

_____ (child) _____ (date of birth)

This shall be your good and sufficient authority for so doing.

Dated on _____ this _____ day of _____.

Signature _____

Witness _____



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This authorization includes all records, assessments, documents, and other material containing
CAS involvement pertinent to me and my child/children listed bellow:

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_____ (child) _____ (date of birth)

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_____ (child) _____ (date of birth)

This shall be your good and sufficient authority for so doing.

Dated on _____ this _____ day of _____.

Signature _____

Witness _____



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THIRD PARTY CONSENT FOR RELEASE OF IDENTIFYABLE INFORMATION

I _____,

Authorize for the disclosure of any identifiable information listing myself, as a third party, in
the file requested by the person(s) _____.

This information includes release of all records, assessments, documents and other material
relevant to my involvement with the above requested person(s) .

This shall be your good and sufficient authority for so doing.

Dated on _____ this _____ day of _____.

Signature _____

Witness _____