



CONSENT TO RELEASE INFORMATION

I, the undersigned, _____,
authorize the Ministry of Community Safety and Correctional Services (MCSCS)*
and all its partners as listed below to share my personal information for the
purpose of providing me with appropriate services.

This may include the following as appropriate:

- Canadian Mental Health Association, Barrie-Simcoe Branch
- The Elizabeth Fry Society
- Enaahdig Healing Lodge and Learning Centre
- Native Inmate Liaison Officer (NILO)

I understand that I can withdraw my consent at any time by providing Notice of
Withdrawal. I also understand that no information will be released to other
parties without my consent unless there is a legal requirement to do so, or a
serious concern about my safety or the safety of others.

DATED at Penetanguishene, ON, this _____ day of _____, 20__.

Expiry Date: _____ (Must not be longer than
six months after the date of this Consent).

Signature of Inmate

Witness

*As defined by MCS Act: Includes Adult Institutions, Probation and Parole