

Access & Release of Personal Information - Family

For Office Use Only:

Method of Authentication: Valid Photo I.D. Knowledge of File History

Confirmed by: _____ Date: _____

Date of Request _____ Centre/Location _____
(if applicable)

Name of Requestor _____

Name of Person _____
(whose information is being sought)

Relationship to this person _____
(e.g., self, mother, father, guardian, etc.)

Requestor's Contact Information

Address _____

Phone # _____

Information being sought

Please provide sufficient detail in order to identify the records being sought. For example, if you are seeking notes on a particular incident, specify date and general description of the incident.

Reason for the request

Providing this information will help us identify other records that may be of interest to you

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For security reasons, we prefer that you review records at the office of RisingOaks Early Learning. If you are unable to do so or require copies of your child's records, complete the following:

- I will review the information at the office and do not require copies
- I would like to pick up copies of this information at the centre
- Please provide my information me via: Mail Fax
Mailing address or fax number: _____
- Release this information to: _____
(third party)
Address: _____
Phone: _____ Fax: _____

Please note the following:

- If we are able to provide you with access to your child's information:
 - We will attempt to do so within 30 days of your request. If we need longer to locate or gather the information, we will let you know.
 - There may be a minimal charge associated with providing you access in order for us to recover costs incurred (e.g., photocopying, staff time). You will be notified and asked to agree to such charges in advance of us incurring necessary costs.
 - A \$25 fee will be levied for copying of an entire (or majority) of the child's file
 - A fee of \$0.10 per page will be charged for 10 or more pages of the file
 - No fee will be charged for 0-9 copies.
- If we are unable to provide you with access to your information, we will provide you with a reason within 30 days of your request. The following are examples of reasons for refusal of an access request:
 - We do not have the information you are requesting. We will let you know if we feel you may be able to obtain the information you are seeking elsewhere.
 - Providing you with access will reveal personal information about a third party who has not consented to the release of such information and such information cannot adequately be severed from the file.
 - The information was generated in the course of a formal dispute resolution process.

I certify that I have the legal authority to access the information being requested and have completed this form to the best of my ability. I understand that any records that leave RisingOaks Early Learning Ontario in order for RisingOaks to fulfill an access request become the responsibility of the Requestor. If indicated above to release the information to a third party identified by me, I hereby release and discharge RisingOaks from any claim whatsoever relating to RisingOaks and its employees or directors acting in accordance with this authorization.

Signature of Requestor

Date

Name of Requestor (please print)

Tip: Use Tools, Fill & Sign to draw or type your signature.

(2020-12)

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