

Consent to Share Information

Client Name (Last, First Name):	Client Member ID:
Caseworker Name & Number:	

I, _____ , hereby consent to the exchange of information
(Client Name)

between the City of Toronto, Social Services and _____.
(Organization Name)

The information to be exchanged is in connection with my employment goal, education and/or plans for employment. The consent is valid for the period of _____ to _____.

Signed this _____ of _____ 20_____

Client Signature: _____

Name of Caseworker: _____

Caseworker Signature: _____