

**MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

**AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION FORM**

I, \_\_\_\_\_ (\*Your Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (\*Date of Birth)  
\_\_\_\_\_  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Phone Number)

**authorize the Toronto Police Service's Board to release to**

\_\_\_\_\_  
\_\_\_\_\_ (\*Requester's Name)  
\_\_\_\_\_ (\*Agency/Firm)  
\_\_\_\_\_ (Phone Number)

**the following information: (identify the specific records)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Mandatory if applicable

*Personal information as identified on this form has been collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of complying with an access request. Any questions or concerns should be directed to the Toronto Police Service, Freedom of Information Unit, 40 College Street, 4<sup>th</sup> Floor, Toronto, Ontario, M5G 2J3.*