

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, 4th Floor, Toronto, Ontario, M5G 2J3.