

Central West Region Passport Initiative (CWRPI)

9445 Airport Rd. 3rd Floor, West tower
Brampton, Ontario
L6S 4J3
905-791-7800 ext. 2163 or 2107
Fax: 905-458-5158

Consents to Obtain and/ or Release Information

I _____
Name

Address

The client/parent or guardian of

Name of client/ Date of Birth (yy/mm/dd)

give CWRPI permission to obtain additional information regarding my application for
Passport from the organization/individuals listed below:

- | | |
|---|--|
| Erinoak | Thistletown Regional Centre |
| Kerry's Place Autism Services | Peel Children's Centre |
| Community Living Mississauga | Region of Peel Case Management |
| Peel Children's Aid Society | Brampton Caledon Community Living |
| Christian Horizons | School Boards |
| Mary Centre | Trillium Health Centre |
| Family Services of Peel | Centre for Addiction and Mental Health |
| Ministry of Community and Social Services | Oaklands Regional Centre |
| Ministry of Children and Youth Services | Peel Crisis Capacity Network |
| Other: _____ | |

Signature of Client

Signature of Witness

Signature of Parent/Guardian

Relationship to Client

Date: yy:mm:dd