

COMMUNITY LIVING ST. MARYS and AREA

P.O. BOX 1618, 300 ELGIN STREET EAST, ST. MARYS, ONTARIO N4X 1B9
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Consent to Share Information

I, _____ of _____
First and Last Name Address

authorize Community Living St. Marys and Area to release and/or confirm to the following individuals or agencies:

- any pertinent information
- specifically the following information:

Restrictions if any: _____

Signature

Date

Witness



OUR MISSION

To nurture the ability and willingness in our community; to welcome and support all people as valued and contributing citizens.