

**AUTHORIZATION
FOR
RECIPROCAL RELEASE OF INFORMATION**

I, _____
(name & date of birth)

Driver's Licence Number

hereby consent to the exchange of verbal and written communication including records, assessments, documents and other material between:

THE CHILDREN'S AID SOCIETY OF NORTHUMBERLAND

and

MINISTRY OF TRANSPORTATION

(name of agency, doctor, school, etc.)

in respect to myself

as follows:

Driver's Abstract _____

This authorization shall remain in effect until revoked in writing by me.

Dated the _____ day of _____, 2002

Witness

Signature