



CONSENT

DISCLOSURE AND RELEASE OF INFORMATION

TO: _____

I, _____, of the City of _____,

in the Province of Ontario, consent to your disclosing and releasing to any representative of Community Legal Clinic, any and all information, documents or records which are in your possession regarding myself, and release you from all liability which may be incurred by the disclosure of such information, documents or records to Community Legal Clinic.

DATED at _____, this _____ day of _____, 20____ .

Witness

Signature of Client