

**CONSENT TO RELEASE INFORMATION**

Stella Kavoukian MSW, RSW  
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To \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for information to be released to/ shared  
between Stella Kavoukian and

\_\_\_\_\_

- verbal information only
- written report (specify)

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\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_