





## Request for Service - Page 2

### AUTHORIZATION FOR RELEASE OF INFORMATION

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I, \_\_\_\_\_, hereby authorize CAYA and/or its representatives to release to or obtain from such agencies, individuals, provincial resource programs, medical centres, or hospitals, any and all pertinent information which may be necessary to assist in providing me (the client) with communication assistance services.

I understand that all such information will be treated as confidential and privileged, and used only for the purpose of providing communication assistance.

I am nineteen years of age or older, or I am in my last semester of high school.

Signed: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_  
 (signature)

Relationship:  client,  parent,  guardian,  representative,  other \_\_\_\_\_

Signed on the \_\_\_\_ day of (month) \_\_\_\_\_ 20 \_\_\_\_.

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
 (signature) Address: \_\_\_\_\_

If the client is unable to sign, a second witness is required.

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
 (signature) Address: \_\_\_\_\_

**Please identify any communication equipment currently in the possession of the applicant.**

**Please provide any other information which could be of assistance to CAYA in providing service. Attach additional pages if more space is required.**

**Important: Please return this signed form to CAYA**  
 (May 2011)