

**AUTHORIZATION FOR THE DISCLOSURE, TRANSMITTAL, OR
EXAMINATION OF RECORDS OR INFORMATION**

I, _____ hereby authorize staff and/or volunteers of
Restorative Justice Chatham-Kent, 25 Creek Road, (Suite 212) Chatham, Ontario to receive and disclose
information either verbally or in written form **REGARDING**

_____ **(YOUTH)**, from the following:

I am aware the information disclosed is strictly for the purposes of my involvement with
Restorative Justice Chatham-Kent.

I, _____, also give permission for
_____ **(YOUTH)** to be excused from
instructional time at the above listed school of the _____
District School Board, to meet with staff from **Restorative Justice Chatham-Kent**.

Signature of Young Person

Date

Signature of Parent/Guardian

Date

Signature of RJCK Staff

Date

This 'Release of Information' form is valid TWELVE (12) months from the date of signature.

CAUTION: Anyone who is given access to a record or to whom information is disclosed under the *Youth Criminal Justice Act* may disclose that information to another person **ONLY** when authorized to do so under *The Act*.

The identity of any young person is protected by legislation, and any disclosure or publication of the identity of identifying information of a young person may constitute a criminal offence.