

## Access to Records Request Form

Under Part X of the *Child, Youth and Family Services Act, 2017* (CYFSA)

Please note that you will only be provided with information to which you have a lawful right of access.

### Applicant Information

First Name \*

Last Name \*

Former Name (optional)

Date of Birth \*

Street Address, House/Apt Number

City

Province

Postal Code

Phone \*

Can we leave a message?

☐ Yes

☐ No

Email

I am filling this out on behalf of someone else \*

☐ Yes

☐ No

If **yes** - agency name representing the individual \*

Please indicate below if your request pertains to a specific date, time-period or a document type:

Are you requesting your records for a family law matter?

☐ Yes ☐ No

Do we have consent to communicate with your lawyer

☐ Yes – you may provide your lawyer's information and upcoming court date to assist in processing your request  
☐ No

Applicant Lawyer Name

Applicant Lawyer Phone

Applicant Lawyer Email

## Family Information

To be completed by an individual who is requesting access to their history of involvement with CCAS as a child/youth.

Parent/Caregiver #1 Name (Include alternate names)

Parent/Caregiver #1 Birth Date/Year

Parent/Caregiver #2 Name (Include alternate names)

Parent/Caregiver #2 Birth Date/Year

Additional family members can be included in the Additional Information section below.

To be completed by an individual who is requesting access to their history of involvement with CCAS as a parent/caregiver.

Other Parent/Caregiver Name

Other Parent/Caregiver Birth Date/Year

Child's Name

Child's Date of Birth

Child's Name

Child's Date of Birth

Child's Name

Child's Date of Birth

Additional children can be included in the Additional Information section below.

If you are requesting disclosure pertaining to your biological child(ren) or child(ren) who is / are in your legal care, please confirm if there were any Court Orders / Parenting Plans / Separation Agreements or any other legally binding documents that were made in relation to the children. \*

☐ Yes      ☐ No

**If yes** - Please provide us with the most recent copy of any relevant legal documents currently in effect (most recent judicial Endorsement and the most recent court order relating to parenting time and decision making). Obtaining the above-mentioned materials would enable us to process your request for file disclosure in a more timely and efficient manner. \*

## Additional Information

Provide information that may assist us in our records search and/or any other information relevant to your request.

**Proof of Identity:** Attach copies of two pieces of identification (one must be government-issued photo ID). A photo taken with a mobile device is sufficient.

**Consent:** If the requested records contain information about other individuals, provide:

- Written, signed consent from those individuals.
- One identifying document with a photograph for each individual.

Note: Personal information of individuals who have not provided consent will be removed from the disclosure.

### How would you like to receive your information?

- ☐ Password Protected Email (recommended)
- ☐ Password Protected USB (recommended)
- ☐ Hard Copy (paper format)

**CPIN Consent:** By signing and submitting this request you are consenting to a search of the provincial Child Protection Information Network (CPIN) and of Catholic Children's Aid Society of Toronto's system(s) in order for the Society to fulfil your request.



For the *love* of children  
Pour l'*amour* des enfants



Applicant Signature

Date

**If you have any questions, require assistance or accommodation, please contact us via:**

Email: [disclosure@torontoccas.org](mailto:disclosure@torontoccas.org)

Telephone: (416) 395-1650

or In Person at: 2206 Eglinton Avenue East, Scarborough, ON M1L 4S7 (by appointment)

This form can be e-mailed to: [disclosure@torontoccas.org](mailto:disclosure@torontoccas.org) ;  
mailed to or dropped off at the above-listed address.

**Office Use Only**

ID Verified by:

CCAS Employee Name

Date