



The Children's Aid Society of Ottawa | La Société de l'aide à l'enfance d'Ottawa

1602 Telesat Court
Ottawa ON K1B 1B1

REQUEST FOR RECORDS

The Children's Aid Society of Ottawa provides Access to Information pursuant to Part X of the Child, Youth and Family Services Act.

**Use this form if you were/are a service recipient of The Children's Aid Society of Ottawa (CASO). For requests related specifically to adoption information or former children in the care of the Society, please go to our website at www.casott.on.ca/en/access-to-information-and-disclosure to access the Request Form.*

PREFERRED LANGUAGE OF SERVICE: ENGLISH..... FRENCH.....

Name:
(First Name) (Middle Name(s)) (Surname Name)

Please list any previous legal names or aliases that you have used.

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Date of birth.....

Address.....

Telephone (home) Telephone (other).....

E-Mail Address.....

**When an Email address is provided, this indicates that you consent to the Society communicating with you via Email.*

To ensure the most thorough and accurate search of our records, please indicate the names and birth dates of **your** parents and siblings:

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List your previous addresses (ensure you list addresses that may coincide with the records you are requesting).....

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In order to help us best meet your needs, please specify what information you are requesting:

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If applicable, please list other individuals about whom you are requesting information
(Note: the written consent of any person over the age of 16 years is required to release their information and must be included with your request in order to obtain their information. Further-If you are requesting information about a child under the age of 16, you must have custody of that child. If you do not have custody, a court order or the consent of the custodial parent is required*):**

NameDate of Birth.....

Relationship to you and/or your Custody Rights if applicable

NameDate of Birth.....

Relationship to you and/or your Custody Rights if applicable

Name:Date of Birth.....

Relationship to you and/or your Custody Rights if applicable

Name.....Date of Birth.....

Relationship to you and/or your Custody Rights if applicable

*attach additional pages if more space is needed.

Please sign below and attach a copy of one piece of valid government issued photo identification. The photo ID must be clear and legible. Note that your request may be delayed if this form is incomplete and/or your ID is illegible.

To submit your request, send by e-mail to recordsrequest@casott.on.ca or by mail to The Children’s Aid Society of Ottawa, Attention: Access to Information and Disclosure, 1602 Telesat Court, Ottawa, Ontario K1B 1B1.

For any questions, please contact Access to Information and Disclosure at 613-747-7800 ext. 1948 or ext. 2642.

Signature

Date