



Manie Daniels Center

261 Maberly-Elphin Road
Maberly, On
K0H 2B0

CONSENT TO COMMUNICATE INFORMATION TO AN AUTHORIZED PERSON

I, _____ hereby authorize: **Love Soluble Staff** to communicate with:

1) Lawyer: _____

2) Referring agent: _____

3) Emergency contact: _____

4) Other (family/medical): _____

about personal information on my behalf regarding:

Criminal matters, court proceedings, criminal record, medical records, personal and/or professional relationship(s).

In signing this form, I am consenting to the communication of my personal information among the above aforementioned individuals/organizations.

My Name: _____ **Address:** _____

Home Tel: _____ **Cell:** _____

Signature: _____ **Date:** _____

Kind Regards,

Spencer Kell
Executive Director
Love Soluble | Manie Daniels Center
613.693.1736