

Form No. 2

Consent to the Release of Personal Information

Please Print

I, _____ [name],
of _____ [city, town, municipality],
in the Province of _____,
was convicted for _____ [name of offence]
in relation to _____ [specifics of offence]
on _____ [date of conviction].

I consent to the release of any personal information or documentation (including medical, psychological or psychiatric records) relating to me that is in the possession of or under the control of any person, body or institution, to any designated representative of the Minister of Justice to assist in assessing my application for a conviction review under sections 696.1 to 696.6 of the *Criminal Code*.

I also consent to the disclosure to any person, body or institution of my personal information obtained in the course of reviewing my application in order for the Minister to obtain from that person, body or institution any information that is required for assessing my application.

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____

Full Name of Witness _____

Province _____

