

**CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION
OF RECORDS OR INFORMATION**

I: _____

Of: _____

hereby consent to the disclosure or transmittal to, or examination by:

OAFM Ontario Child Protection Mediation Roster Program

of the: Standing in Child Protection Mediator training

compiled in: Educational Institute:

compiled in: Educational Institute:

	Signature	Date
Name:	_____	_____
Witness	_____	_____