



BC CENTRE FOR ABILITY  
OPPORTUNITIES FUND PROGRAM  
2805 KINGSWAY, VANCOUVER, BC V5R 5H9  
Telephone: 604-451-5511  
Fax: 604-630-3041

## CONSENT TO RELEASE AND OBTAIN INFORMATION

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I, the undersigned, do hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from the following:

\_\_\_\_\_  
Name of Organization

**Please note:**

**This information will be used for the purposes of vocational planning and evaluation of requests for funding. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties.**

By signing below, I release The Centre for Ability and the organization and/or individual listed above from any claims whatsoever, which may arise as a result of releasing or obtaining information.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date Signed \*

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Signature of Witness

**\*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party.**