

FREEDOM OF INFORMATION AND PRIVACY SERVICES
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ (Your Name)
_____ (Address)
_____ (Phone Number)
_____ (Date of Birth)

authorize the Ministry of the Attorney General to release to

_____ (Name/Title)
RECORDS DEPOSITION SERVICE, INC. _____ (Organization)
P.O. BOX 5054, SOUTHFIELD, MI 48086-5054 _____ (Address)
P: 248-357-3330 F: 248-357-3337 E-MAIL: REQUESTS@RECDEP.COM _____ (Phone Number)

the following information:

PLEASE SEE THE ATTACHED SUBPOENA OR _____ (Identify Records)
LETTER REQUEST FOR INFORMATION _____

Signature: _____

Date: _____

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Ministry's Freedom of Information and Privacy Coordinator, 720 Bay Street, 5th Floor, Toronto, Ontario, M5G 2K1.