

Individual Request for Access to Record (RAR)

I, the undersigned, authorize The Children's Aid Society of London and Middlesex ("CASLM") to search their records with respect to

Name of Individual Seeking Access

As indicated below, the personal information sought includes details relating to (indicate which of the following apply to your request for access to record):

- Any Child Protection/Child Welfare Matter
- Include Reports Received/Not Investigated
- Any Child Protection/Child Welfare Investigation
- Any Child Protection/Child Welfare Protection Service Provided
- Any records pertaining to me as a Child in Care

Please indicate below if your request pertains to a specific date, time period or document type:

I am seeking:

- Access to my record, **OR**
- Written summary of my record

I understand that the CASLM currently uses CPIN (Child Protection Information Network) as their record system. I understand that when a CPIN using CAS searches for my record, it will find all records of my involvement with all Ontario CAS's also using CPIN. I agree that CPIN can be used to conduct a child welfare search in relation to my consent, in addition to other record systems used by individual CAS's. I further understand that my information will be entered into CPIN in relation to the processing **OF** this request for access to record.

Identifying Information Required for a Record Check

Full name(s)	
Date of birth (day/month/year)	
Birth name	
Other prior or known names	
Current address	
Length of time at current address	
Previous addresses	1.

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(street address, city, province)	2.
	3.
	4.

Children (Any child 12 years of age or older must sign a 'Consent and Authorization' permitting parental access to their record. If this is a request on an open file, children 7-11 *may* be asked to sign consent also.)

Full name(s)	Other prior or known names	Date of birth

For security purposes, the CASLM requires verification of the identity of each individual seeking access to record as well as the identity of the related children (subject to required consents). As preferred practice two pieces of identification are preferable, at least one of which contains photo and address identification; however, one piece may be accepted with accompaniment of a signed and dated letter, from a professionally recognized individual (e.g. doctor, lawyer, dentist, nurse, social worker, teacher or principal) who can verify that they know you are who you claim to be. It is preferred that such correspondence is provided on professional letterhead. Costs associated with provision of this letter may be reimbursed by CASLM to a ceiling upon provision of receipt.

- I consent to CASLM contacting _____ [insert name and title of professional] at _____ [insert phone number] for purposes of verifying that they are acting as a guarantor of my identity.

Note: For purposes of protecting your identity, CASLM staff will not maintain a permanent record of the proof of identification that you provide to us. Copies of identification that you provide to us will be shredded at the completion of processing your access to record request.

Please indicate your preferred method to receive your record of personal information (check applicable boxes):

- Paper
 - Review in Office
 - Pick Up
- Electronic
 - Memory Stick
 - Review in Office
 - Pick Up
 - Secure Email

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How do you wish to be contacted?

- In writing (mailing address: _____)
- Telephone (#: _____)
- * E-mail
 - * I consent to being contacted at the following E-mail address
(_____) I acknowledge that sending E-mail over the Internet is not secure, in that it can be intercepted, manipulated and/or retransmitted.

Printed Name _____

Signature _____

Date _____

Name of witness/position _____

Signature of witness _____

Processed By: [For Office Use Only]

Printed Name:	Title/Position:	Date: (YYYY/MM/DD)
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