



Occurrence file number

### CONSENT FOR RELEASE OF INFORMATION

Pursuant to Section 81 of the Privacy Act  
(to be completed by all parties)

I, \_\_\_\_\_ hereby authorize the  
\_\_\_\_\_ OCEANSIDE \_\_\_\_\_ RCMP to release the following information to  
a Restorative Justice Facilitator :

Name		Age (if under 18 years)
Address	Postal code	Contact telephone number(s)

I understand that this information will be used by the RCMP and the Restorative Justice Facilitator to contact me regarding the incident

Name of participant	Signature	Date
Name of parent/guardian (if participant is under 18 years)	Signature	Date

