



3912 - 29 Street NE, Calgary, AB T1Y 6B6 ❖ Phone: 403-242-6672 ❖ Fax: 403-209-0528 ❖ www.newageservices.ca

CONSENT FOR RELEASE OF INFORMATION

I, _____, do hereby authorize New Age Services Inc. to (provide/obtain) information concerning _____ in the form of the following information and/or copies of reports:

This information is to be (released to/obtained from) _____ and is to be used for the purpose of _____.

****Information released to authorized individuals by means of this consent shall not be made available to any other person, except as specifically stated within this consent.**

Date Signed: _____

Signature of Individual and/or Guardian: _____

Note: This agreement is valid for a period of one (1) year from the date signed. Consent may be renegotiated or withdrawn at any time by contacting New Age Services Inc. Consent is to be placed in individual's file.