

Consent to the Release of Confidential Information**

I(We) _____
Print full name: *First Name, Last Name*

of _____
Address

hereby consent to the release of the **Notice of Assessment (NOA) AND the following information:**

Physician's report, Speech-Language Pathology report, Student report card, and/or Other

: _____ (cross out those that do not apply).
Specify

prepared by _____
Name of institution, agency or person Address Phone #

Name of institution, agency or person Address Phone #

in respect of _____
Name of applicant Date of Birth: *yy/mm/dd*

to the Ontario Branch of the International Dyslexia Association(ONBIDA) (Founded in Memory of Samuel T. Orton) for the purpose of determining the applicant's eligibility to receive funding for a psycho- educational assessment funded by the Oliver Martin Memorial Trust Fund.

I, _____, give ONBIDA permission to contact the professional who provided a letter or reference or additional documentation to demonstrate a need.

I understand that the Notice of Assessment will only be kept until the end of the application process; September 30th 2013 upon which it will be destroyed.

I agree to complete a follow up questionnaire whether or not I receive the scholarship and understand that the information will be shared anonymously with the ONBIDA board members.

Signature _____ Witness _____

Relationship to applicant

Dated this _____ day of _____, _____.

This consent to release information form remains valid until*: _____ (maximum one year from date of signature) yy/mm/dd

* Authorizing person(s) may cancel or change the above authorization in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization.

** Please refer to the accompanying "Instructions for Ensuring Informed Consent for the Release of Confidential Information" when filling out this form.