



College of  
Registered  
Psychotherapists  
of Ontario

## Consent to Release Information

I authorize the College of Registered Psychotherapists of Ontario (CRPO) to collect information from other regulatory bodies, educational institutions, present and former employers, references, and any other source for the purpose of processing my application for registration.

I, \_\_\_\_\_ (applicant name), hereby consent to the release to CRPO of any information or document, held by any party, related to my application for registration with the CRPO. This document shall be the authority for any party to release the information or document to the CRPO.

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Signature

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Date