

RELEASE OF INFORMATION

When signing this form you are consenting to the release of information to funding agent regarding your relationship with Westminster House and their process of admission.

l,		, consent to the release of information to
(Client Name please print	clearly)	
Westminster House Recover	y Centre for Women.	
Clint Signature:		
Client S.I.N		
Funding Agency:		



228 Seventh Street
New Westminster, BC

V3M 3K3

Tel: 604-524-5633 Fax: 604-524-4634

www.westminsterhouse.ca