

Cancellation of Third Party Authorization Form

Please complete this form to **CANCEL** Third Party Authorization on your case with the Family Responsibility Office (FRO).

A completed *Cancellation of Third Party Authorization Form* will **STOP** all third party access to your case file at FRO. Third Party Authorization can be set up again by completing a new *Third Party Authorization Form*.

Name of FRO Client:		I am the:		
		<input type="checkbox"/> Person that pays support <input type="checkbox"/> Person that receives support		
Street Address:		Apt#:	City:	
Province:	Postal Code:	Work Phone or Cell #	Country: (if outside Canada)	
		()		
FRO Case Number:				

My signature below indicates that I agree to the following:

1. I understand that by completing and signing this form I am asking the FRO to **CANCEL** the *Third Party Authorization Form* that I previously sent to FRO and **STOP** the Third Party from having access to my case.
2. I understand that once this *Cancellation of Third Party Authorization Form* is processed by FRO only I will receive or provide information to FRO concerning my case.
3. I understand that I will be required to complete a new *Third Party Authorization Form* and send it to FRO before a third party is provided ANY information concerning my case with FRO.
4. I understand that at FRO's discretion, they may contact me by telephone to verbally confirm this *Cancellation of Third Party Authorization Form* before canceling the Third Party's access to my case.

Please sign and date below to complete the *Cancellation of Third Party Authorization Form* for the FRO.

Please return the completed form to FRO by Mail or FAX

FRO Client Signature:	Date: (DD/MM/YYYY)
Return Completed Forms by Mail: Family Responsibility Office PO Box 200 Stn A Oshawa ON L1H 0C5	Return Completed Forms by Fax: (416)-240-2401