

Copyright Consent Form



An accredited teaching health unit affiliated with Queen's University

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Signed: _____ **Date:** _____

Please fax the completed form to the: Kingston, Frontenac and Lennox & Addington Health Unit (613)549-7896, or mail it to: KFL&A Health Unit, 221 Portsmouth Ave, Kingston ONT, K7M 1V5
Phone: (613)549-1232 or 1-800-267-7875 **ATTENTION: Tony Button, Administrative Services**

Internal Use

Result: Request Approved ☐ Request approved with conditions ☐ Request Denied ☐

Explanation (if necessary) _____

Director _____

Date _____