

## Training School Records Request Form

Ontario kept records for each youth who was admitted to a Training School. These records contain private information about Class Members. They are called "Training School Records".

As part of the Ontario Training Schools Class Action Settlement, Ontario agreed that it will provide Training School Records to any Class Member who completes this form and submits it to the Claims Administrator by October 22, 2026.

**You do not need your Training School Records to make a Claim for money from the Settlement. To make a Claim, all you need to do is get a copy of the Claim Form, complete it, and send it to the Claims Administrator.**

You should only request your Training School Records if it is important to you to have a copy for your own interest. If you miss the deadline to submit this form, you can still request a copy of your Training School Records from the Ministry of Community and Social Services at any time.

Please note that if you are acting on behalf of someone else, you will have to submit additional documents to get their Training School records. These documents show that you are allowed to act on behalf of the person making a claim. This applies to the following roles:

- Substitute decision maker
- Power of attorney
- Executor / Trustee of an Estate

**IF YOU WANT YOUR TRAINING SCHOOL RECORDS  
PLEASE FILL IN THIS FORM ALONG WITH A COPY OF YOUR  
GOVERNMENT-ISSUED PHOTO IDENTIFICATION.**

**My first name is** \_\_\_\_\_.  
(Write your full first name. Do not write your nickname.)

**My middle name is** \_\_\_\_\_.  
(Leave this out if you do not have a middle name.)

**My last name is** \_\_\_\_\_.  
(Write the last name that you had when you resided at the Training School(s).)

I used to have another name or other names. **My other name or names were**  
\_\_\_\_\_  
(Leave this out if you did not have other names.)

**My birthday is** \_\_\_\_\_.

**I was born in the month** \_\_\_\_\_.

**I was born in the year** \_\_\_\_\_.

**I resided at the following Training School(s) during the following year(s):**  
(List every Training School that you resided at and the years that you resided there.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want to use this contact information to get information about my Training School records:

**Street and number** \_\_\_\_\_

**Apartment number** (if you have one) \_\_\_\_\_

**City or town** \_\_\_\_\_

**Province** \_\_\_\_\_

**Country** \_\_\_\_\_

**Postal code** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_

I hereby authorize and consent to the delivery of a copy of my Training School Records.

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(Your signature is required here.)

- Please attach a clear copy (photo or photocopy) of one piece of government-issued photo identification (e.g., driver's license, passport, provincial/territorial ID card, permanent resident card) with your claim form. The name and date of birth must be visible and match the name and date of birth you write on your claim form.

**IF YOU FILLED IN THIS FORM FOR YOURSELF, IT IS NOW COMPLETE. PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY OCTOBER 22, 2026.**

**IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

What is your name? \_\_\_\_\_

What is your address? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your phone number?

\_\_\_\_\_

What is your email address? \_\_\_\_\_

Check the box or boxes that apply to you:

- A family member
- A support person
- A support agency

- What is the name of the agency? \_\_\_\_\_
- A lawyer
  - What is the name of your law firm or legal clinic? \_\_\_\_\_
- The Public Guardian and Trustee
- A substitute decision maker or power of attorney
  - Substitute decision makers must confirm that there has been a legal finding that the person being helped is not able to make their own decisions about money.
  - Substitute decision makers must include one of the following documents with this Claim Form:
    - A signed and witnessed Power of Attorney form appointing you as Power of Attorney for Property for the Class Member
    - or**
    - A court order appointing you as Guardian of Property for the Class Member
    - or**
    - An order of the Consent and Capacity Board appointing you as representative of the Class Member.
- The executor or trustee of someone who resided at a Training School and the person died **on or after** December 8, 2015.
  - If you represent an estate, you must include the following documents with this Claim Form:
    - The Certificate of Appointment of Estate Trustee (previously called Letters of Probate or Letters of Administration)
    - or**
    - A declaration witnessed by one other person who knew the deceased Class Member personally, affirming that the deceased Class Member did not have a will and that no estate trustee has been appointed by a court, together with proof that you were either spouse or kin to the deceased Class Member in a form reasonably acceptable to the Claims Administrator.

- Other: \_\_\_\_\_
- Please attach a clear copy (photo or photocopy) of one piece of government-issued photo identification (e.g., driver's license, passport, provincial/territorial ID card, permanent resident card) with your claim form. The name and date of birth must be visible and match the name and date of birth you write on your claim form.

**IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, IT IS NOW COMPLETE.  
PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY OCTOBER 22, 2026.**

**SUBMIT THIS FORM TO THE CLAIMS ADMINISTRATOR BY EMAIL OR MAIL:**

Training Schools Class Action Administrator  
c/o Epiq Class Action Services Canada, Inc.  
PO Box 507 Stn B  
Ottawa, ON K1P 5P6  
Email: [info@trainingschoolsclassaction.com](mailto:info@trainingschoolsclassaction.com)