

AUTHORIZATION AND CONSENT FORM FOR PARLIAMENTARIANS

This form authorizes the (department) _____
To disclose to **the office of Alistair MacGregor, MP (including any of his staff)**, information of any kind relating to me as identified below with respect to (issue):

Client Identification: (Please Print)

Surname and Given Names or Name of Business

Street Address

City

Province

Postal Code

Mailing Address (if different)

City

Province

Postal Code

Telephone Number

Alternate Phone Number

Email Address

Date of Birth (yyyy-mm-dd)

Social Insurance Number

GST / File Number

Client Signature

Date (yyyy-mm-dd)