

## AUTHORIZATION AND CONSENT FORM FOR PARLIAMENTARIANS

This form authorizes the department of Immigration, Refugees and Citizenship 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)

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Surname of Sponsor

First Name of Sponsor

---

Street Address

---

City

Province

Postal Code

---

Telephone Number

Alternate Phone Number

---

Email Address

---

Surname of Applicant

Given Names of Applicant

Former Name (when entered Canada)

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Country Currently Living In

Country of Birth

---

Citizenship

Date of Birth (yyyy-mm-dd)

---

File Number

UCI Number (client number)

Application Number

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Client Signature

Date (yyyy-mm-dd)