PROTECTED WHEN COMPLETED - B

CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST

If your spouse or common-law partner, children 16 years of age or older, or any other individuals whose information could be contained in the requested records wishes to release their information to the designated representative, they must sign in the space provided. Information about minors will only be released with the consent from both parents or a valid Canadian court order indicating that the applicant is permitted to obtain their information. Obtaining consent from all parties will permit Immigration, Refugees and Citizenship Canada (IRCC) to release their information and will provide you with more information in response to your request.

By signing this form, you authorize IRCC to release your information to the designated representative. Only original handwritten signatures signed in blue ink will be accepted. Missing signatures may delay the processing of your request.

1. Designated Representative's Information		
Family name (sumame)		Address
Wang		666-666th street
Given name(s)		City Province/Territory
Wu		Vancouver BC
Firm/organization		Country Postal Code
		Canada V6Y 8A6
Telephone number	Other telephone number	Email Address
(668) 668-6688		wu.wang666@gmail.com
2. Applicant's Information		2.1 Related Individual's Information
Family name (surname)		Family name (surname)
Zhang		Zhao
Given name(s)		Given name(s)
Sansan		SI
Date of birth (YYYY-MM-DD)		Date of birth (YYYY-MM-DD)
2018-06-18		1996-06-06
		h
36 2 2	2021-12-16	色の 2021-12-16
Signature (in blue ink)	Date (YYYY-MM-DD)	Signature (in blue ink) Date (YYYY-MM-DD)
		Relationship to approant
		Mother T
2.2 Related Individual's Information		2.3 Related Individual's Information
Family name (surname)		Family name (surname)
Zhang 由请人请用蓝色水笙		
Given name(s)		Given name(s) 申请人父母请分别
San		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date of birth (YYYY-MM-DD)		Date of birth (YYYY-MM-DI)四世古
1998-08-08		Date of birth (YYYY-MM-DI門蓝色水笔签
発 2	2021-12-16	← 夕字和口邯
Signature (in blue ink) Date (YYYY-MM-DD)		Signature (in blue ink) date (YYYY-MM-DD)
Relationship to appround		Relationship to applicant
Father		
This consent is valid for one year from the date appearing next to the Applicant's signature.		

The information provided is used to record consent for IRCC to disclose personal information to a designated representative in response to an ATIP request, and is collected under the authority of section 6 of the Access to Information Act and sections 8(1) and 13 of the Privacy Act.

The requested information is required to validate your consent. Your information may be used internally to administer the ATIP request, and for planning and evaluation purposes. This information may also be used during consultations with other government institutions, during investigations by the Office of the Information Commissioner and the Office of the Privacy Commissioner, and during court reviews.

You have a right of access to, correction, and protection of personal information under the Act, and should you have any concerns with the management of your personal information, you have a right to file a complaint to the Privacy Commissioner. The management of your information is described in the standard personal information bank Access to Information Act and Privacy Act Requests (PSU 901) and can be found in Info Source.

