

Ottawa  
House of Commons  
Ottawa, ON XXX XXX  
Tel: XXX-XXX-XXXX  
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Constituency Office  
XXXX Whittle Road, Suite 440  
Mississauga, ON XXX XXX  
Tel: XXX-XXX-XXXX  
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[Iqwinder.Gaheer@parl.gc.ca](mailto:Iqwinder.Gaheer@parl.gc.ca)

**Individual's Consent to disclose and/or Use of Personal Information to the**  
**个人同意向以下机构披露和/或使用个人信息**  
**Office of XXX, Member of Parliament for Mississauga-Malton and/or to third party**  
**XXX 办公室、密西沙加-莫尔顿议会议员和/或第三方**

I, 您的姓名, 格式为: 名+姓 DOB: 您的出生日期 (DD/MM/YYYY)  
Day / Month / Year

Residential Address 您在加拿大的居住地址

City 您居住的城市 Prov 您居住的省份 Postal Code 邮政编码

Phone# 您的电话 Alternate# 您的备用电话

Email: 您的电子邮箱

Hereby consent and request the following departments(s) to discuss and release information concerning my account to the individual noted with signature below to the office of XXX, Member of Parliament.  
特此同意并要求以下部门讨论并向议会议员 XXX 办公室中签名的个人发布有关我账户的信息。

Select Department: 选择部门

- |   |  |
|---|--|
| <input type="checkbox"/> Canada Revenue Agency 加拿大税务局 | <input checked="" type="checkbox"/> Immigration & Refugee, Citizenship Canada 加拿大移民部 |
| <input type="checkbox"/> Service Canada 加拿大服务部        | <input checked="" type="checkbox"/> Canada Border Services Agency 加拿大边境服务局           |
| <input type="checkbox"/> Passport Canada 加拿大护照        | <input type="checkbox"/> Other 其他 _____  |

*Third party consent (if applicable) 第三方同意 (如果适用):*

Hereby authorize and request the Office of XXX to release all information regarding my case with the department (s) mentioned as above to the individual named below and release information concerning my account to said individual.

特此授权并要求 XXX 办公室将有关我与上述部门的案件的所有信息发布给下面指定的个人, 并向该个人发布有关我的帐户的信息。

Full Name 如须公布给第三方, 则填写第三方全名

Phone# 如须公布给第三方, 则填写第三方电话

I am aware that any information which would be subject to exemption, if I had the right of access under the Privacy Act, will likely not be released.

我知道, 如果我根据《隐私法》拥有访问权, 则任何可能受到豁免的信息可能不会被发布。

I further recognize the Office of XXX for Mississauga - XXX shall have no responsibility or control over said information once released to the above.

我进一步承认密西沙加议员 XXX办公室 - XXX 对上述信息发布后不承担任何责任或控制。

您的签名 (和您的护照一致)  
Signature of consenting individual 同意个人签名

签日期 (YYYY-MM-DD)  
Date

见证人签名 (找个身边的证人签名)  
Signature of witness 证人签名

签日期 (YYYY-MM-DD)  
Date