

**Individual's Consent to Disclose
and/or Use of Personal Information to Third Party**



Constituency Office:

100 Mural Street

Suite 101

Richmond Hill, ON

L4B 1J3

Tel: 905-707-9701

Fax: 905-707-9705

majid.jowhari@parl.gc.ca

Hill Office:

180 Wellington

Building

Ottawa, ON

613-992-3802

majid.jowhari@parl.gc.ca

I, _____ (DOB: ____ / ____ / ____)
(Full name as presented on your Passport) (MM / DD / YY)

Country of Birth: _____

Address: _____

UCI/File _____

Email: _____

Phone: _____

Hereby authorize and request the Office of the Majid Jowhari, MP Richmond Hill to release all information regarding my case, file number with the following department:

- ☐ Income Securities - Old Age Pension, CPP, CPP Disability
- ☐ HRDC - Human Resources Development Canada
- ☐ CCRA - Canada Customs Revenue Agency
- ☐ Canada Post
- ☐ Department of Citizenship and Immigration
- ☐ Other _____

to the individual named below and release information concerning my account to said individual

Name: (Full name as presented on your passport) _____

Date of Birth: (MM / DD / YY) _____

Relationship: _____

Phone Number: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Signature: _____ Date: _____

Immigration Consultant / Lawyer: _____

Immigration Consultant / Lawyer Contact Number: _____

Immigration Consultant / Lawyer Signature: _____

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. I, the individual concerned, understand that my refusal or my consent by signature here will not affect in any way service to me in connection with the original purpose for which this information was collected.

I further recognize the Office of **Majid Jowhari, MP Richmond Hill** shall have no responsibility or control over said information once released to the above.

Signature of consenting individual

Date

Signature of witness

Date