



THIS FORM NEEDS TO BE PRINTED, SIGNED AND SCANNED

AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

Complete this form if you authorize Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) to release information from your case file to someone other than yourself.

If your spouse or common-law partner wishes to release personal information to the same designated individual, they should sign in the space provided. Your dependent children who are 18 years of age or older must complete their own copy of this form if they wish to authorize CIC and CBSA to release their information to a designated individual.

The individual you designate will be able to obtain information such as the status of your application and will be able to change your address if you move. However, they will **not** be a representative who can conduct business with CIC and CBSA on your behalf. If you wish to be represented, you must complete and submit form *Use of a Representative* (IMM 5476).

Choose one

DO NOT UNCHECK THIS BOX

☒ I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the following individual.

☐ I withdraw my authorization to release information from my case file to the following individual.

1. Your full name

Family name (Surname)

AS PER PASSPORT

Given name(s)

AS PER PASSPORT

2. Your date of birth (YYYY-MM-DD)

AS PER PASSPORT

3. If you have already submitted your application:

Name of office where the application was submitted

LEAVE IT BLANK

Location of office

LEAVE IT BLANK

Type of application (permanent residence, extension of study permit, etc.)

4. Your Client Identification (ID) or Unique Client Identifier (UCI) number identification number (if known)

LEAVE IT BLANK

DO NOT EDIT/ ADD/ REMOVE THE DETAILS ON THE SECTION 5 & 6

5. Your designated individual's full name

Family name (Surname)

Green

Given name(s)

Evan J.

6. Your designated individual's contact information

Name of firm or organization (if applicable)

GREEN AND SPIEGEL, LLP- Evan J. Green

Mailing address

Apt/Unit

5th Floor

Street no.

150

Street name

York Street

City/Town

TORONTO

Province/State/Territory

ONTARIO

Country or territory

CANADA

Postal code/Zip

M5H 3S5

Country Code

1

Area Code and Telephone number

416-862-7880

Country Code

1

Area Code and Telephone number

416-862-1698

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants

THE VERSION SHOULD BE VISIBLE WHILE UPLOADING THE DOCUMENT IN VRA

E-mail address (if applicable)

evang@gands.com

7. Your declaration

- I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.

If you are giving your authorization

- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the individual named above.
- I understand that this consent only allows the disclosure of my personal information and that of my dependent children under 18 years of age.
- I am aware that some information may not be released if it is subject to exemption under the *Privacy Act* or the *Access to Information Act*.
- I further authorize the designated individual to update the address listed in my file, as required.

If you are withdrawing your authorization

- I withdraw my authorization to release information from my case file to the individual named above.

SIGNATURE**IN PRIMARY APPLICANT FORM - PRIMARY APPLICANT ALONE HAS TO SIGN****UPDATE IN THE
MENTIONED FORMAT**

Signature of applicant

(DIGITAL SIGNATURES ARE NOT ACCEPTED)

Date (YYYY-MM-DD)

SPOUSE SIGNATURE IS NOT REQUIRED**NOT REQUIRED**

Signature of spouse common-law partner (if applicable)

Date (YYYY-MM-DD)

If you have not yet submitted your application:

Send this form along with your application to the office listed in your respective application kit.

If you have already submitted your application:

Send this form to the office where you submitted your original application.

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and of the Citizenship Act. The personal information of the applicant is used for identification and authorization purposes. The personal information of the designated individual is used for identification purposes.

The personal information of both the applicant and the designated individual may be disclosed to other federal government institutions, non-governmental and inter-governmental organizations, regulatory bodies, investigative bodies, and provincial/territorial governments for the purposes of validating identity, information, and supporting an investigation. Personal information may be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Failure to complete the form in full will result in a delay to processing. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the [Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013, 042, 054, 068.