



# 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, he or she 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, he or she 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

- ☐ 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)

Given name(s)

Given name(s)

## 2. Your date of birth

Date (YYYY-MM-DD)

## 3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

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)

## 5. Your designated individual's full name

Family name (Surname)

Given name(s)

Given name(s)

## 6. Your designated individual's contact information

Name of firm or organization (if applicable)

Mailing address

City

Province/State/Territory

Country

Postal code/Zip

Country Code

Area Code and Telephone number

Country Code

Area Code and Fax number

E-mail address (if applicable)

## 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 of applicant

Date (YYYY-MM-DD)

Signature of spouse or common-law partner (if applicable)

Date (YYYY-MM-DD)

**If you have not yet submitted your application:**  
**If you have already submitted your application:**

Send this form along with your application to the office listed in your respective application kit.  
Send this form to the office where you submitted your original application.

The information you provide on this form is collected under the authority of the *Privacy Act* and will be used in assessing your request according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca). **Infosource is also available in Canadian public libraries.**