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Hon. Bardish Chagger, P.C.

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Individual's Consent for the Office of the Member of Parliament to Access his/her Personal Information and, if applicable, to Disclose his/her personal information to a Third Party

Year / Month / Day

I, _____ (DOB: ____ / ____ / ____) living at
Address: _____

Phone: _____ Email Address: _____

Hereby authorize the Office of the Hon. Bardish Chagger, Member of Parliament, Waterloo to access all information regarding my case, file number _____ held by/with the following departments: (Check all applicable departments)

- _____ Service Canada (for Old Age Pension, CPP, CPP Disability and Employment Insurance)
- _____ Immigration, Refugees and Citizenship Canada
- _____ Canada Revenue Agency
- _____ Other _____

(Complete the following section only if applicable)

I hereby authorize the Office of Hon. Bardish Chagger, Member of Parliament, Waterloo to release any information gathered from any of the above departments concerning my account to the individual identified below:

Name: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Signature Date:

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

I recognize the Office of Hon. Bardish Chagger, Member of Parliament, Waterloo shall have no responsibility or control over said information once released to the above individual.

Signature of Consenting Individual Date: