



Constituency Office of  
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From the Desk of:       Grace Camara       Anne-Marie Millsap

**Client Identification**

NAME	
STREET ADDRESS	
CITY/PROVINCE	POSTAL CODE
CONTACT NUMBER:	
HOME:	WORK:
FILE IDENTIFICATION NO.	
SOCIAL INSURANCE NUMBER	
DATE OF BIRTH	

**Authorization and Consent Waiver**

This waiver form authorizes the Federal Constituency Office to release confidential constituent information to the appropriate government offices in order to resolve the concern addressed by the constituent named below.

I hereby authorize \_\_\_\_\_ of Dr. Goodyear's Federal Constituency Office to disclose information of any kind relating to me as identified below.

- Canada Revenue Agency
- Citizenship and Immigration Canada
- Human Resource Development Canada
- RCMP
- Veteran's Affairs
- All of the above.
- Other please specify: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIPTION OF ISSUE
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