



Constituency Office of
Gary Goodyear, P.C., M.P.
 Cambridge-North Dumfries

1425 Bishop Street N. Unit 3
 Cambridge, ON
 N1R 6J9
 T: (519)624-7440
 F: (519) 624-3517

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



INFORMATION SHARING CONSENT FORM

NOTICE - Passport Canada is not at liberty to discuss with the Member of Parliament (MP) of your constituency or an employee of your MP's Office any information in relation to your passport application, unless you specifically consent by signing this form to such information sharing. **However, if you only wish your MP to forward your passport application to Passport Canada, you do not need to sign this form.**

The information sharing consent provided by signing this form is strictly limited to communications between Passport Canada and the MP's Office that are necessary for obtaining supplementary information with regard to your passport application or the passport application of your child. This includes documentary evidence, custody, divorce or separation agreement and security related information. In no circumstances can the information sharing consent provided by signing this form be stretched beyond passport application related communications between Passport Canada and your MP's Office.

The information sharing consent provided by signing this form can be withdrawn at any time. To be valid however, the withdrawal must be completed in writing to Passport Canada.

CONSENT

I _____, hereby authorize Passport Canada to communicate
(name of applicant printed in block letters)

with _____, Member of Parliament for the constituency
(name of MP printed in block letters)

of _____, or an employee of the MP's Office,
(name of constituency in block letters)

for the purpose of obtaining further information with regard to ¹ my passport application or ¹ the passport application of my child. I understand these communications to be confidential, and the information protected and not used for any purposes other than determining my, or my child's, entitlement to a passport.

(Signature of the applicant)

(Date: month/day/year)

(Name of the witness in block letters)

(Signature of the witness)

(Date: month/day/year)