

To: Office of Gary Goodyear, MP  
1425 Bishop Street North, Unit #3  
Cambridge, Ontario  
N1R 6J9  
T: (519) 624-7440  
F: (519) 624-3517

Attention: Gary Goodyear, MP

RE: Authorization to release information regarding  
Case File # \_\_\_\_\_

Dear Dr. Goodyear:

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
and currently living in \_\_\_\_\_, hereby authorize  
my \_\_\_\_\_, \_\_\_\_\_, resident of  
Cambridge, Ontario, Canada to receive and discuss any information about my case  
status with regard to my immigration application.

Thank you,

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)