



Sean Fraser
 Member of Parliament / Député
 Central Nova / Nova-Centre



PARLIAMENTARIAN AUTHORIZATION FORM

Name: _____

Address: _____ **Postal Code:** _____

Telephone: _____ **Email:** _____

Brief Description of ISSUE:

I, _____, authorize Sean Fraser, MP and/or his delegates, to:

- Collect and use my personal and/or confidential information (INFORMATION) for the purpose of investigating or resolving the ISSUE;
- Make enquiries with relevant individuals and entities, including government departments and agencies, concerning the ISSUE and seek any other relevant information as required;
- Disclose my INFORMATION to such relevant individuals and entities, as appropriate, for the purpose of investigating or resolving the ISSUE;
- On completion of all matters relating to the ISSUE, return my original documents to me and dispose of my file; and,
- In the event that all matters relating to the ISSUE are not completed when Sean Fraser ceases to be a Member of Parliament,

[CHECK ONE OPTION]

_____ transfer my file to the successor Member of Parliament, who shall be assigned all the rights and responsibilities of the former Member of Parliament under this Authorization Form;

OR

_____ return my original documents to me and to dispose of my file.

I also authorize relevant individuals and entities contacted by Sean Fraser, and/or his delegates to release my INFORMATION to them, as it relates solely to the ISSUE. I understand that any INFORMATION I provide to Sean Fraser, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

Signature: _____

Date: _____

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 110 Confederation Building
 Ottawa, Ontario
 K1A 0A6
 Tel.: 613-992-6022
 Fax: 613-992-2337

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 2A-115 MacLean Street
 New Glasgow, Nova Scotia
 B2H 4M5
 Tel.: 902-752-0226
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Antigonish
 200-155 Main Street
 Antigonish, Nova Scotia
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 Tel.: 902-867-2919
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