

## Individual's Consent to Disclose and/or Use of Personal Information to Third Party

### 1. Constituent Information

I, \_\_\_\_\_ (DOB: \_\_/\_\_/\_\_) living at

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Hereby authorize and request the Office of Sean Fraser, M.P. for Central Nova to release all information regarding my case, file number \_\_\_\_\_ with the following department:

- Service Canada – Old Age Security, CPP, Employment Insurance
- CRA - Canada Revenue Agency
- Department of Indigenous and Northern Affairs Canada
- Department of Citizenship and Immigration Canada
- Department of Veterans Affairs
- Other \_\_\_\_\_

To the individual named below and release information concerning my account to said individual :

### 2. Third Party Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware that any information, which would be subject to exemption, if I had the right of access under the Privacy Act, will likely not be released. I, the individual concerned, understand that my refusal or my consent by signature here will not affect in any way service to me in connection with the original purpose for which this information was collected.

I further recognize the Office of Sean Fraser, M.P. for Central Nova, shall have no responsibility or control over said information once released to the above.

\_\_\_\_\_  
Signature of consenting individual Date

\_\_\_\_\_  
Signature of witness Date