Hon. Gregor Robertson, MP

Vancouver Fraserview-South Burnaby

PARLIAMENTARY AUTHORIZATION FORM

Constituent's Full Name: _____

Address: _____**City:**_____ **Postal Code:** _____

Telephone: _____ **Email:** _____

Date of Birth: _____ / _____ / _____ **Constituent:** Yes / No
day month year

Type of Issue:

_____

_____

For Immigration / CRA / Service Canada Issue:

Applicant's Full Name: _____

UCI # / Application # / Reference #: _____

Country of Birth: _____

Passport #: _____

SIN # (*CRA/Service Canada Issue Only*): _____

Date of Birth: _____ / _____ / _____
day month year

I, _____, authorize the Hon. Gregor Robertson and/or his delegates, to:
Print your name

- 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 dispose of all documents in my file; and,
- In the event that all matters relating to the ISSUE are not completed when the Member ceases to be a Member of Parliament, all documents in my file will be disposed of securely.

I also authorize relevant individuals and entities contacted by the Member, 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 the Member, 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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