

Consent to Disclose and/ or Use of Personal Information to Third Party



I, _____ (DOB: ___ / ___ / ___)

UCI Number or File Number: _____

Address: _____

Postal Code: _____

Email: _____

Phone: _____

Hereby authorize and request the office of the **Majid Jowhari, MP Richmond Hill** to release all information regarding my case, file number with the following department:

- Income Securities - Old Age Pension, CPP, CPP Disability
- HRDC - Human Resources Development Canada
- CCRA - Canada Customs Revenue Agency
- Canada Post
- Department of Citizenship and Immigration
- Other _____

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

Majid Jowhari, Member of Parliament, Richmond Hill
Address: 9140 Leslie St., Unit 407,
Richmond Hill, ON L4B 0A9
Telephone: (905)707-9701
Fax: (905)707-9705
E-mail: Majid.Jowhari@parl.gc.ca

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 that the office of **Majid Jowhari, MP Richmond Hill** shall have no responsibility or control over said information once released to the above.

Signature of Consenting Individual

Date

Constituency Office:
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Suite 407

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