



Hon. Chrystia Freeland

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APPLICANT PARLIAMENTARY CONSENT & INQUIRY FORM

Applicant Name:

Applicant Address:

Applicant Telephone Number:

Applicant E-mail Address:

File No., Client ID or Social Insurance No. (if applicable):

Applicant Date of Birth:

ISSUE

Please be as detailed as possible and include any file numbers which may be relevant:

I hereby authorize the Office of the Hon. Chrystia Freeland, Member of Parliament for University Rosedale, to obtain confidential client information of any kind relating to my file as identified and raised in any correspondence or communication.

X _____ DATE: _____

I hereby authorize _____ to communicate with the Office of Chrystia Freeland, Member of Parliament for University Rosedale on my behalf.

X _____ DATE: _____

(Please include a copy of a government issued photo ID with form)