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PARLIAMENTARY CONSENT & INQUIRY FORM

Full Name (as shown on passport):

Address (including street number, unit number, postal code):

Telephone Number:

E-mail Address:

UCI # (if applicable):

Application # (if applicable):

Date of Birth (DD-MM-YY):

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:** _____

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