

\*At the bottom of the form

- Applicant signs
- Print Family/Friend name
- Applicant signs again



**Hon. Chrystia Freeland**

Member of Parliament – University–Rosedale

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**APPLICANT PARLIAMENTARY CONSENT & INQUIRY FORM**

Applicant Name (as shown on passport):

Applicant Address:

Applicant Telephone Number:

Applicant E-mail Address:

UCI Number:

Applicant 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:** \_\_\_\_\_

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)**