

**Individual's Consent to Disclosure
And/Or use of Personal Information**

**Utilisation ou communication de
renseignements personnels
Consentement de la personne concernée**

Full name of individual - *Nom complet de la personne concernée*

X

Alias or Nickname - *Alias ou surnom*

Date of Birth - *Date de naissance*

X

X

Place of Birth - *Lieu de naissance*

Citizenship - *Citoyenneté*

X

X

Full Address - *Adresse complète*

X

Hereby consent and request Citizenship and Immigration Canada to release information from my citizenship or immigration records to:

Consens à ce que Citoyenneté et Immigration Canada communique des renseignements me concernant, versés dans les dossiers de l'immigration ou de la citoyenneté, à la personne nommée ci-après :

Full name of individual - *Nom complète de la personne autorisée*

Office of MP Alex Ruff

X

Full Address - *Adresse complète*

X 1101 2nd Avenue East, Suite 208,

Owen Sound, ON, N4K 2J1

T: 519-371-1059 F: 519-371-1752

I am aware that any information that would be subject to exemption, if I had the right of access under the *Privacy Act*, will likely be released. This consent is given pursuant to Section 8(1) of the *Privacy Act*.

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.

Je sais que, si j'obtenais le droit d'accès prévu par la Loi sur la protection des renseignements personnels, les renseignements susceptibles d'exception pourraient ne pas être divulgués. Ce consentement est accordé conformément au paragraphe 8(1) de la *Loi sur la protection des renseignements personnels*.

Il est en outre entendu que mon refus ou mon consentement, confirmé par ma signature ci-après, ne sera d'aucune manière préjudiciable au traitement de ma demande, c'est-à-dire aux fins premières pour lesquelles ces renseignements ont été recueillis.

Signature of Individual Giving Consent -
Signature de la personne qui donne son consentement

Date

X

X

Signature of Witness or Translator - *Signature du témoin ou traducteur*

Date

X

X

File Number(s), if known - *Numéro(s) de dossier(s), si connu(s)*

X

Note: If the individual wishes to refuse consent he/she should destroy this form.

Nota : Si la personne concernée refuse d'accorder son consentement, elle doit détruire le présent formulaire.

Note: The office requires a consent form be completed and signed by the applicant. Or in the case of a sponsorship, 2 signed forms are required 1 by the applicant and 1 by the sponsor. [A individual IRCC consent form is available here.](#)



Alex Ruff, MSC, CD, MP
Bruce-Grey-Owen Sound

IRCC Consent Form Supplement

1. Person Requesting Information

Name: _____

Phone Number: _____

Email: _____

Address: _____

Relationship to Applicant: _____

2. Applicant (indicate if same as above)

Name(s)- (Provide Full Name; i.e. First, Middle and Last Name): _____

Date(s) of Birth: _____

Country of Birth: _____

File / Application Number: _____

UCI Number: _____

Is the applicant currently in Canada: _____

What is their current status: _____

What are they applying for: _____

Have they ever been denied entry to Canada: _____

What information are you looking for: _____

Any other information I should be aware of: _____

***Please provide all information requested as it is required for validation with IRCC**

***Sponsorship applications require a consent form signed by applicant and sponsor. [An individual IRCC Consent Form is available here.](#)**

***Indicate additional persons included on the application on the next page to include sponsor, child, or others:**

3. Additional Person 1

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

Name(s)- (Provide Full Name; i.e. First, Middle and Last Name):_____

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____

Additional Person 2

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

Name(s)- (Provide Full Name; i.e. First, Middle and Last Name):_____

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____

Additional Person 3

Relationship to applicant (i.e. spouse/ sponsor, child, etc)_____

Name(s)- (Provide Full Name; i.e. First, Middle and Last Name):_____

Date(s) of Birth:_____

Country of Birth:_____

UCI Number:_____

4. **Designated Individual Authorization* (Optional)**

I, Applicant Name the undersigned, do hereby authorize M.P. Alex Ruff and his designated staff to communicate personal information on my behalf and to act on information received from the authorized person, check each that apply.

Person Requesting Information

Other Designated person Designated Person Name_____

Designated Person Phone_____ Email_____

Signature of Applicant_____ Date _____