



# INFORMATION SHARING CONSENT FORM

**NOTICE**—In order for the Passport Program to discuss matters related to your passport application with your Member of Parliament (MP) or an employee of your MP's constituency office, you need to provide consent. To provide consent you must complete and sign this form and return it to your MP's office. However, you are not required to fill out and sign this form to have your MP forward your passport application to the Passport Program.

The consent to share information is strictly limited to communications between the Passport Program and your MP's Office, as it relates to this passport application. The communication is required to obtain supplementary information concerning your own or your child's passport application such as documentary evidence, custody, divorce or separation agreements and security related information.

You may withdraw consent of this form at any time by providing written notice to the Passport Program.

Consent does not include delivery of the passport. Your passport will be mailed directly to the address provided on your application.

Processing time is 20 business days upon the Passport Program's receipt of all necessary documents and does not include mail delivery time.

You may obtain your application status or advise the Program of any changes by contacting the Passport Program call centre at 1-800-567-6868.

**CONSENT**

*(Please print in block letters)*

I, \_\_\_\_\_ / \_\_\_\_\_,  
(Name of applicant) (Date of birth)

\_\_\_\_\_ If applicable \_\_\_\_\_  
 ↪ \_\_\_\_\_ / \_\_\_\_\_ ↩  
(Name of child) (Date of birth of child)

hereby authorize the Passport Program to communicate with \_\_\_\_\_,  
(Name of MP)

Member of Parliament for the constituency of \_\_\_\_\_  
(Name of constituency)

or an employee of the MP's Office, for the purpose of obtaining additional information required for my passport application or the application of my child.

I understand that these communications will remain confidential, that the information is protected and that it will not be used for any purpose other than to determine my, or my child's, entitlement to a passport.

\_\_\_\_\_  
(Signature of applicant) \_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
(Name of witness in block letters)

\_\_\_\_\_  
(Signature of witness) \_\_\_\_\_  
Date (YYYY-MM-DD)

**REQUIRED INFORMATION TO INCLUDE WITH PASSPORT CANADA CONSENT FORM**

To ensure requests are prioritized by travel date or urgency, please include:

- Travel date: \_\_\_\_\_
- Location: \_\_\_\_\_
- Date: \_\_\_\_\_
- Method the application was submitted: \_\_\_\_\_
  
- Client's detailed contact information:  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_