

Doug Shipley, M.P.
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Authorization of Consent

I, _____ hereby request Doug Shipley, Member of Parliament for Barrie Springwater Oro-Medonte, assist me with the following issue:

For this purpose, and in accordance with federal privacy and access to information legislation, I authorize Doug Shipley and/or his representative to consult the necessary federal government departments or agencies on my behalf and for the federal government department/agency to release any and all information in my file to the Member of Parliament and his staff. Doug Shipley and representative may use and share with federal government officials any and all personal information and documentation, including correspondence, which I have provided to him or his representative to the extent necessary in their efforts to assist me.

I understand that Doug Shipley and/or his representative cannot guarantee any outcome of their efforts to assist me. This consent to collect, use and share personal information as stated above will remain in effect until cancelled by me in writing or until Doug Shipley is no longer the MP for Barrie-Springwater-Oro-Medonte.

Name: _____
Date of Birth: _____
SIN Number: _____
File Number (If applicable): _____
UCI Number (If applicable): _____
Address: _____
City: _____
Postal Code: _____
Phone Number: _____

Have you retained legal counsel? YES / NO If yes, name: _____

Signature: _____

Date: _____