

Authorization and Consent For Parliamentarians

This form authorizes the Canada Revenue Agency or _____ to release confidential client information to a Member of Parliament or a senator and their staff.

I hereby authorize the Canada Revenue Agency/ Service Canada/ Veterans' Affairs or _____ to disclose to **Karen Vecchio MP** information of any kind relating to me as identified below, which was obtained by or on behalf of the Minister of National Revenue in respect of:

Please check (✓) one of the following for CRA purposes

- | | |
|---|--|
| <input type="checkbox"/> Income tax matters | <input type="checkbox"/> CPP/EI matters |
| <input type="checkbox"/> GST/HST matters | <input type="checkbox"/> Other matters (please specify): _____ |
| <input type="checkbox"/> Customs matters | <input type="checkbox"/> Child Tax Benefit or GST credit |

Please indicate the year(s) to which this authorization relates.

- all tax years OR _____ tax year(s) OR raised in my letter/fax dated _____ ;

Client Identification

(Individual's name, or name of business, corporation, trust, or unincorporated charity and specify type of entity)

(Street address)

(Apt./Unit #)

(Home telephone number)

(City)

(Province)

(Postal code)

(Work / Alternate telephone number)

Is this a New Address? No Yes If yes, enter the date you moved m / d / y

(email address) _____

(Date of Birth- Month/Day/Year)

Complete the one that applies:

Social insurance number

--	--	--	--	--	--	--	--	--	--	--

Business number: GST/HST Payroll

Corporate Import/Export

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client Signature

Print client's name & title, if not indicated above (i.e. for a business)

Date : _____

Comments :

Parliamentary Assistant to contact :

Fax: 519-637-3358

Phone: 519-637-2255