



Mélanie Joly
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CONSENT TO DISCLOSE PERSONAL INFORMATION

I, _____,
(Print name of person giving consent)

whose file number is _____,
(Insert file number: UCI/ Passport/ Application)

consent that the Office of Mélanie Joly, MP and its delegates, can

share my personal information with _____.
(Name of Authorized Representative)

PRINT NAME OF PERSON
GIVING CONSENT

SIGNATURE OF PERSON
GIVING CONSENT

DATE

PRINT NAME OF
AUTHORIZED
REPRESENTATIVE

SIGNATURE OF
AUTHORIZED
REPRESENTATIVE

DATE