

Mélanie Joly
MP Ahuntsic-Cartierville
225 Chabanel West Suite 1109 Montréal, Quebec H2N 2C9

PARLIAMENTARIAN AUTHORIZATION FORM

Name: _____ **UCI:** _____

Address: _____ **Postal Code:** _____

Telephone: _____ **Email:** _____

Brief Description of ISSUE:

I, _____, authorize Mélanie Joly, and/or his delegates, to:
Print your name

- Collect and use my personal and/or confidential information for the purpose of investigating or resolving the ISSUE;
- Make enquiries with relevant individuals and entities, including government departments and agencies, concerning the ISSUE and seek any other relevant information as required;
- Disclose my INFORMATION to such relevant individuals and entities, as appropriate, for the purpose of investigating or resolving the ISSUE;
- On completion of all matters relating to the ISSUE, return my original documents to me and dispose of my file; and,
- In the event that all matters relating to the ISSUE are not completed when Mélanie Joly ceases to be a Member of Parliament,
[CHECK ONE OPTION]
 - ___ transfer my file to the successor Member of Parliament, who shall be assigned all the rights and responsibilities of the former Member of Parliament under this Authorization Form;
 - OR**
 - ___ return my original documents to me and to dispose of my file.

I also authorize relevant individuals and entities contacted by Mélanie Joly, and/or her delegates to release my INFORMATION to them, as it relates solely to the ISSUE.

I understand that any INFORMATION I provide to Mélanie Joly, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

Signature: _____

Date: _____