

CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST

If your spouse or common-law partner, children 16 years of age or older, or any other individuals whose information could be contained in the requested records wishes to release their information to the designated representative, they must sign in the space provided. Information about minors will only be released with the consent from both parents or a valid Canadian court order indicating that the applicant is permitted to obtain their information. Obtaining consent from all parties will permit Immigration, Refugees and Citizenship Canada (IRCC) to release their information and will provide you with more information in response to your request.

By signing this form, you authorize IRCC to release your information to the designated representative. Only original handwritten signatures signed in blue ink will be accepted. Missing signatures may delay the processing of your request.

| 1. Designated Representative's I | nformation | 1 | | | | |
|---|-----------------------------------|---------------------------|--------------------------------------|--|-----------------------------|--|
| Family name (surname) | | | Address | | | |
| Wokekoro | | | 140 Mt Apex Green SE | | | |
| Given name(s) | | | City | Province/Te | Province/Territory | |
| Victor Dike | | | Calgary | Alberta | Alberta | |
| Firm/organization | | | Country | Postal Code | Postal Code | |
| GCMS INFO | | | Canada | T2Z 2V5 | T2Z 2V5 | |
| Telephone number | one number Other telephone number | | Email Address | | | |
| (403) 889-1040 | | | admin@gcmsinfo.com | | | |
| 2. Applicant's Information | | | 2.1 Related Individual's Information | | | |
| Family name (surname) | | | Family name (surname) | | | |
| | | | | | | |
| Given name(s) | | | Given name(s) | | | |
| | | | | | | |
| Date of birth (YYYY-MM-DD) | | | Date of birth (YYYY-MM-DD) | | | |
| | | | | | | |
| | | | | | | |
| Signature (in blue ink) | | Date (YYYY-MM-DD) | Signature (in blue in | Signature (in blue ink) Date (YYYY-MM-DD) | | |
| 1 | | | Relationship to applicant | | | |
| | | | | | | |
| 2.2 Related Individual's Information | | | 2.3 Related Individual's Information | | | |
| Family name (surname) | | | Family name (surname) | | | |
| | | | | | | |
| Given name(s) | | | Given name(s) | | | |
| | | | | | | |
| Date of birth (YYYY-MM-DD) | | | Date of birth (YYYY-MM-DD) | | | |
| | | | | | | |
| | | | | | | |
| Signature (in blue ink) | | Date (YYYY-MM-DD) | Signature (in blue in | nk) | Date (YYYY-MM-DD) | |
| Relationship to applicant | | Date (1111-MMI-DD) | Relationship to applicant | | | |
| . Comment of approach | | | Troduction to apprount | | | |
| | | | | | | |
| This consent is valid for one year from | om the date | appearing next to the Ap | plicant's signature. | | | |
| The information provided is used to re- | cord consent | for IRCC to disclose here | conal information to a designated re | enresentative in re | snonse to an ATIP request | |
| and is collected under the authority of s | | | | | oponise to an Arii Tequest, | |



The requested information is required to validate your consent. Your information may be used internally to administer the ATIP request, and for planning and evaluation purposes. This information may also be used during consultations with other government institutions, during investigations by the Office of the

You have a right of access to, correction, and protection of personal information under the Act, and should you have any concerns with the management of your personal information, you have a right to file a complaint to the Privacy Commissioner. The management of your information is described in the standard

Information Commissioner and the Office of the Privacy Commissioner, and during court reviews.

personal information bank Access to Information Act and Privacy Act Requests (PSU 901) and can be found in Info Source.

INSTRUCTIONS FOR THE ATIP CONSENT FORM

Submitting a properly completed consent form with your request helps to prevent delays.

Simple two-step process

Section 1 - Provide information about the requester.

Section 2 - Provide details about whose information is being requested (i.e. family members, spouse, children).

Up to four people can be included on a single form.

Consent valid for 1 year

The same consent form can be submitted with each new ATIP request.

Requirements



Consent for children under 16

Both parents have to approve the release of their children's info (under 16). Provide the minor's information in section 2. They are not required to sign the form.

- · ensure this form is signed by both parents OR
- · submit separate forms for each parent, listing the minor's information on each form OR
- · submit a signed form from one parent, and a valid Canadian court order (proof of custody)



Signature + Date

To safeguard against fraudulent forms, only original signatures <u>signed in BLUE</u> will be accepted. No electronic signatures. Make sure the applicant includes **the date** of the signature.



Scanning tips if you submit online

A colour scan in good resolution (300 dpi and up) OR taking a close well-lit snapshot of the form with your smartphone camera will help ensure your form is accepted.