

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 Information

Family name (surname)		Address	
Given name(s)		City	Province/Territory
Firm/organization		Country	Postal Code
Telephone number	Other telephone number	Email Address	

2. Applicant's Information

2.1 Related Individual's Information

Family name (surname) Doe		Family name (surname) Doe	
Given name(s) John Ray		Given name(s) Jane Racheal	
Date of birth (YYYY-MM-DD) 1980-01-30		Date of birth (YYYY-MM-DD) 1985-01-30	
<i>You Sign here in BLUE ink</i>	Input TODAY's DATE here	<i>If your family member is 16 years old or older, they sign here in BLUE ink</i>	Input TODAY's DATE here
Signature (in blue ink)	Date (YYYY-MM-DD)	Signature (in blue ink)	Date (YYYY-MM-DD)
Relationship to applicant Put the relationship here e.g. spouse/partner, etc.			

2.2 Related Individual's Information

2.3 Related Individual's Information

Family name (surname) Doe		Family name (surname) Doe	
Given name(s) John Junior		Given name(s) Jane Junior	
Date of birth (YYYY-MM-DD) 2000-01-20		Date of birth (YYYY-MM-DD) 2020-01-20	
<i>If your family member is 16 years old or older, they sign here in BLUE ink</i>	Input TODAY's DATE here	<i>If your family member is a minor (children under 16 years old), leave this spot empty</i>	If a Minor, leave empty
Signature (in blue ink)	Date (YYYY-MM-DD)	Signature (in blue ink)	Date (YYYY-MM-DD)
Relationship to applicant Put the relationship here e.g. son or daughter etc.		Relationship to applicant Put the relationship here e.g. dependent or child etc.	

This consent is valid for one year from the date appearing next to the Applicant's signature.

The information provided is used to record consent for IRCC to disclose personal information to a designated representative in response to an ATIP request, and is collected under the authority of section 6 of the *Access to Information Act* and sections 8(1) and 13 of the *Privacy Act*. 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 Information Commissioner and the Office of the Privacy Commissioner, and during court reviews. 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 personal information bank Access to Information Act and Privacy Act Requests (PSU 901) and can be found in [Info Source](#).