Arif Virani

Member of Parliament for Parkdale—High Park

**Casework Intake & Authorization Form**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: | City: |
| Postal Code: | Telephone: |
| Date of Birth: | Email: |

Application Type:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Immigration & Citizenship Canada | Canada Revenue Agency | Service Canada  CPP, OAS, GIS, EI | National Student Loan Services | Passport Canada |

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| --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | |
| First Name |  | Last Name |  |
| D.O.B. |  | SIN |  |
| Application No |  | UCI No |  |
| Type of Application |  | Date of Submission |  |
| Processing office |  | Country of Residence/citizenship |  |

I hereby authorize MP Arif Virani’s office/staff to share my information with government agencies/departments for the purpose of resolving issues relating to me.

I understand that my information provided to MP Arif Virani and his staff will be kept confidential, except as described in this form, or as required or permitted by law.

Constituent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_