

Immigration Inquiry Form

Inquirer

First Name: _____ Last Name: _____ Middle: _____

Phone: _____ Email: _____

Address: _____ City: _____

Prov: _____ Postal: _____

Relationship with Applicant: _____

Applicant

Application Type: _____ Sex: M F

First Name: _____ Last Name: _____ Middle: _____

Date of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ File Number: _____

Consulate/Office where application was submitted: _____

Authorization *(to be completed by the applicant)*

I, _____, (applicant) authorize the office of Randy Hoback, MP to have access to information relating to my immigration case and discuss this with (inquirer/sponsor)."

Applicant signature X _____

Date X _____

Please fax your completed form: 306-953-8625 (Prince Albert)
306-862-2267 (Nipawin)

- or -

Email a scanned and signed copy to: randy.hoback.c1@parl.gc.ca (Prince Albert)
randy.hoback.c2@parl.gc.ca (Nipawin)