



**RANDY HOBACK, MP
PRINCE ALBERT**

Consent to Release Personal Information:

I, _____ (full name) the undersigned do hereby grant full and unrestricted permission to Randy Hoback MP (hereafter "the Member") and/or her designated staff to discuss my inquiry/complaint with any agencies of the municipal, provincial and federal governments in Canada, or to any other private agencies, including, but not limited to: banks, trust companies, health care facilities of any kind, private businesses and public corporations as appropriate to facilitate addressing my inquiry/complaint. I further release the Member and/or his staff from any or all liability which may arise due to their access to such information.

I further consent to the release of any details of my interaction with said agencies to the Member and/or his staff, to facilitate any activities on my behalf.

I also authorize the Member's office to disclose all documents pertaining to this matter that I have provided to this MP's office.

To any staff of any agency listed above and/or any administrative authority, as appropriate. I consent to the collection of information by any agency or administrative authority for the purpose of addressing my inquiry/complaint.

I confirm that I have read and understand both pages of this consent form and I consent to being contacted by any person or persons connected with any of the agencies listed above using my contact information below if further information is required.

YOU MUST COMPLETE THIS SECTION FOR THE MEMBER'S RECORDS

Name: _____ (Full Name)

Date of Birth: _____ (YYYY/MM/DD)

Full street address: _____

City, Postal Code _____

Tel: _____

Email: _____

Dated this _____ day of _____, 20____.

Signature: _____

Print Name: _____

Witness Signature: _____

Witness Name: _____

Other pertinent information:



Please return to our office by email: randy.hoback@parl.gc.ca