



**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](mailto:randy.hoback@parl.gc.ca)