



## Important

- Subject to exceptions provided in the Act respecting Access to documents held by public bodies and the Protection of personal information, the Ministère de l'Immigration, de la Diversité et de l'Inclusion (Ministère) is not authorized to disclose your personal information to a third party without your consent. If you want to designate a person to have access to your personal information, you must complete and sign this authorization.
- This authorization does not give the designated person the power to represent you or act on your behalf before the Ministère. If you wish to grant power of attorney to a person to act on your behalf or represent you, you must instead complete the form Mandat de représentation (A-0525-AF).
- You must send us this duly completed and signed authorization with your application. If you have already sent us your application, mail this authorization to the address to which you sent your application.

Give your first and family name(s) in block letters as they appear in your passport.

### ► 1. Identity information

Sex      Female      Male

\_\_\_\_\_  
Family name(s) at birth      First name(s)

\_\_\_\_\_  
Date of birth (year/month/day)      Individual reference number (if known)

Give the address of the dwelling where you now live.

### ► Home address

\_\_\_\_\_  
Number      Street      Apartment      City

\_\_\_\_\_  
Province or State      Postal code      Country or territory

### E-mail address

\_\_\_\_\_

Give the first and last name(s) of the person to whom the Ministère should disclose information about you, indicated in Point 3.

### ► 2. Identity information on the person to whom the Ministère will disclose information about you

Sex      Female      Male

\_\_\_\_\_  
Family name(s) at birth      First name(s)

### Address

\_\_\_\_\_  
Number      Street      Apartment      City

\_\_\_\_\_  
Province or State      Postal code      Country or territory

### E-mail address

\_\_\_\_\_

Check the appropriate box(es). ► **3. Personal information to be disclosed**

The file number is compulsory if it is known.

► **Information concerning my:**

application for permanent selection

\_\_\_\_\_  
File number (compulsory)

application for temporary selection for studies

\_\_\_\_\_  
File number (compulsory)

application for temporary selection for work

\_\_\_\_\_  
File number (compulsory)

undertaking application

\_\_\_\_\_  
File number (compulsory)

application for admission to a full-time French course and financial assistance

\_\_\_\_\_  
File number (compulsory)

Other information (specify):

Read the text carefully and sign the authorization.

► **Authorization**

- **I authorize the** Ministère to disclose my personal information to the person designated in Section 2.
- **I recognize** that this authorization:
  - is valid for the entire processing time for my file, unless it is revoked in writing with the Ministère;
  - does not give the person I authorized the power to represent me or act on my behalf with the Ministère.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (year/month/day)