



Julie Dabrusin

M.P. for Toronto-Danforth
Députée de Toronto-Danforth

Parliamentarian Authorization Form

Date: _____

Immigration, Refugees and Citizenship Canada (IRCC)

Name of individual requesting information: _____ Relationship to Client: _____

Residential Address: _____ Postal Code: _____

Phone #: _____ Email: _____

*Please alert our office to any non-secure phone number(s) provided, for which we may not leave voicemails.

Primary Applicant: _____ Immigration File No.; UCI: _____

Applicant's Country of Origin: _____ Applicant's DOB: _____

Type of Application: _____ Date / Method of submission: _____

Office where application was submitted/is in processing: _____

Applicant's Phone #: _____ Email: _____

Sponsor (if applicable): _____ DOB: _____ Immigration File No.; UCI: _____

Sponsor's Phone #: _____ Email: _____

1. As applicant, I authorize Julie Dabrusin, Member of Parliament for Toronto – Danforth, and any assistant authorized by that Member, to discuss/send/receive/share/etc. information pertaining to my Immigration/Citizenship status/affairs/sponsorship/etc., application.

AND/OR

2. In conjunction with above, I authorize Julie Dabrusin, Member of Parliament for Toronto-Danforth, and any assistant authorized by that member, to discuss/send/receive/share/etc. said information with individuals listed above and with:

_____, Relationship to client: _____, Phone/Email : _____.

(Third Party Name)

This authorization shall have effect until the said Member of Parliament receives written notice that it has been rescinded.

Applicant's Signature

Sponsor's Signature (if Applicable)

Third Party's Signature (if Applicable)

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