



## **JULIE DABRUSIN**

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

### **PARLIAMENTARY CONSENT & INQUIRY FORM**

I hereby authorize the office of Julie Dabrusin, Member of Parliament for Toronto-Danforth to obtain and share confidential client information of any kind relating to my file as identified and raised in any correspondence or communication.

Name:

Address:

Telephone Number:

E-mail Address:

Social Insurance Number:

Type of Application:

Date of Birth:

Signature:

Date:

#### **ISSUE**

**Please be as detailed as possible and include any file numbers which may be relevant:**