

**Mary Ng, Member of Parliament
Markham-Thornhill
PARLIAMENTARIAN AUTHORIZATION FORM**

Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Email: _____

Brief Description of ISSUE:

I, _____, authorize Mary Ng, and/or her delegates, to:

Print your name

- Collect and use my personal and/or confidential information (INFORMATION) for the purpose of investigating or resolving the ISSUE;
- Make enquiries with relevant individuals and entities, including government departments and agencies, concerning the ISSUE and seek any other relevant information as required;
- Disclose my INFORMATION to such relevant individuals and entities, as appropriate, for the purpose of investigating or resolving the ISSUE;
- On completion of all matters relating to the ISSUE, return my original documents to me; and,
- In the event that all matters relating to the ISSUE are not completed when Mary Ng ceases to be a Member of Parliament,
[CHECK ONE OPTION]
 - _____ transfer my original documents to the successor Member of Parliament, who shall be assigned all the rights and responsibilities of the former Member of Parliament under this Authorization Form;**OR**
 - _____ return my original documents to me.

I also authorize relevant individuals and entities contacted by Mary Ng, and/or her delegates to release my INFORMATION to them, as it relates solely to the ISSUE.

I understand that any INFORMATION I provide to Mary Ng, and/or her delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

By checking this box, I consent to receiving occasional emails from Mary Ng's office.

Signature: _____

Date: _____