

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

Constituent Full Name: _____

Address: _____ **Postal Code:** _____

Telephone: _____ **Email:** _____

APPLICATION INFORMATION [IF APPLICABLE]

Applicant Name: _____

Applicant Date of Birth: _____

Applicant UCI/Application #: _____

Brief Description of ISSUE:

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