



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

**Joanne Thompson**  
**Member of Parliament St John's East**

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**PARLIAMENTARIAN AUTHORIZATION FORM**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

SIN: \_\_\_\_\_ UCI: \_\_\_\_\_

**Brief Description of ISSUE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize Joanne Thompson 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,

I also authorize relevant individuals and entities contacted by Joanne Thompson 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 Joanne Thompson, 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 Joanne Thompson's office.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_