



CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST

If your spouse or common-law partner, children 16 years of age or older, or any other individuals whose information could be contained in the requested records wishes to release their information to the designated representative, they must sign in the space provided. Information about minors will only be released with the consent from both parents or a valid Canadian court order indicating that the applicant is permitted to obtain their information. Obtaining consent from all parties will permit Immigration, Refugees and Citizenship Canada (IRCC) to release their information and will provide you with more information in response to your request.

By signing this form, you authorize IRCC to release your information to the designated representative. Only original handwritten signatures signed in blue ink will be accepted. Missing signatures may delay the processing of your request.

1. Designated Representative's Information

Family name (surname) Wokekoro		Address 140 Mt Apex Green SE	
Given name(s) Victor Dike		City Calgary	Province/Territory Alberta
Firm/organization GCMS INFO		Country Canada	Postal Code T2Z 2V5
Telephone number (403) 889-1040	Other telephone number	Email Address admin@gcmsinfo.com	

2. Applicant's Information

Family name (surname)		Family name (surname)	
Given name(s)		Given name(s)	
Date of birth (YYYY-MM-DD)		Date of birth (YYYY-MM-DD)	
_____ Signature (in blue ink)	_____ Date (YYYY-MM-DD)	_____ Signature (in blue ink)	_____ Date (YYYY-MM-DD)
Relationship to applicant			

2.1 Related Individual's Information

2.2 Related Individual's Information

Family name (surname)		Family name (surname)	
Given name(s)		Given name(s)	
Date of birth (YYYY-MM-DD)		Date of birth (YYYY-MM-DD)	
_____ Signature (in blue ink)	_____ Date (YYYY-MM-DD)	_____ Signature (in blue ink)	_____ Date (YYYY-MM-DD)
Relationship to applicant			

2.3 Related Individual's Information

This consent is valid for one year from the date appearing next to the Applicant's signature.

The information provided is used to record consent for IRCC to disclose personal information to a designated representative in response to an ATIP request, and is collected under the authority of section 6 of the *Access to Information Act* and sections 8(1) and 13 of the *Privacy Act*. The requested information is required to validate your consent. Your information may be used internally to administer the ATIP request, and for planning and evaluation purposes. This information may also be used during consultations with other government institutions, during investigations by the Office of the Information Commissioner and the Office of the Privacy Commissioner, and during court reviews. You have a right of access to, correction, and protection of personal information under the Act, and should you have any concerns with the management of your personal information, you have a right to file a complaint to the Privacy Commissioner. The management of your information is described in the standard personal information bank Access to Information Act and Privacy Act Requests (PSU 901) and can be found in [Info Source](#).

INSTRUCTIONS FOR THE ATIP CONSENT FORM

Submitting a properly completed consent form with your request helps to prevent delays.

Simple two-step process

Section 1 - Provide information about the requester.

Section 2 - Provide details about whose information is being requested (i.e. family members, spouse, children).

Up to four people can be included on a single form.

Consent valid for 1 year

The same consent form can be submitted with each new ATIP request.

Requirements



Consent for children under 16

Both parents have to approve the release of their children's info (under 16). Provide the minor's information in section 2. They are not required to sign the form.

- ensure this form is signed by both parents OR
- submit separate forms for each parent, listing the minor's information on each form OR
- submit a signed form from one parent, and a valid Canadian court order (proof of custody)



Signature + Date

To safeguard against fraudulent forms, only original signatures **signed in BLUE** will be accepted. No electronic signatures. Make sure the applicant includes **the date** of the signature.



Scanning tips if you submit online

A colour scan in good resolution (**300 dpi** and up) OR taking a **close well-lit snapshot of the form with your smartphone** camera will help ensure your form is accepted.



Authorizing a Personal Information Request to be Made on Your Behalf Form

Individuals have a right of access to their personal information. Should you wish that someone else, known as the 'authorized representative' to make a request for your personal information on your behalf, you must authorize them to do so in writing.

Please complete this form and submit it with a completed 'Personal Information Request Form.' By signing this form, you authorize the institution to which this form is submitted to release your information to the authorized representative. This form must be signed and dated by the person giving the authorization. Only original handwritten signatures signed in blue ink or valid digital signatures will be accepted. Missing signatures may delay the processing of your request.

Privacy notice statement

The personal information provided on this form is collected and protected under the provisions of the *Privacy Act*. It is retained and used as described in Personal Information Bank PSU 901 by the institution to which this form is submitted. Any questions about the collection, use or disclosure of this information should be directed to the Access to Information and Privacy Coordinator of the institution to which this form is submitted. The information is used to process and respond to formal requests made under the *Privacy Act*, including subsequent requests for correction, complaints, investigations and judicial review when applicable. The information provided on this form is used to record authorization for an individual to make a request on your behalf, and for the institution to disclose personal information to an authorized representative in response to your personal information request. It is collected under the authority of sections 8(1) and 13 of the *Privacy Act*. The requested information is required to validate your authorization request. Failure to provide this information may result in the inability to process your request. You have the right to the correction of, access to, and protection of your personal information under the *Privacy Act*. You have a right to complain to the Office of the Privacy Commissioner of Canada regarding the handling of your personal information request.

I acknowledge the privacy notice statement above.

Subject of the personal information request

Family Name (Surname):

Given name(s):

Current Address (address number, apartment number, street, city, province, postal code):

Telephone, E-mail, Fax:

Information about authorized representative

Family Name (Surname): Wokekoro

Given name(s): Victor Dike

Relationship to the Requester: RCIC Representative

Current Address (address number, apartment number, street, city, province, postal code):

140 Mt Apex Green, SE, Calgary, T2Z 2V5, Alberta

Telephone, E-mail, Fax: 403-889-1040

Information about your request

Government institution to which you are submitting the request:

Please describe the request that you are providing authorization for:

We kindly request the officer's notes and reason for refusal

Signatures

By signing this form, I am authorizing the following individual to make a Personal Information Request on my behalf. The institution that I submitted the request to may release my personal information to this individual. If I have also completed a consent form, I understand that any information about those individuals will also be released to the authorized representative.

Please Note

The consent is valid for one year from the date appearing next to both signatures.
Please sign in **blue** ink.

Requester Signature:

Date (yyyy-mm-dd): 2024-03-15

Authorized representative Signature:



Date (yyyy-mm-dd): 2024-03-15