

## Authorization for Parliamentarians

**This form authorizes the Canada Revenue Agency to release confidential client information to a member of Parliament or a senator and their staff.**

I hereby authorize the **Canada Revenue Agency** to disclose to \_\_\_\_\_  
(Print name of parliamentarian)

information of any kind relating to me as identified below and raised in my correspondence/communication of \_\_\_\_\_

Year Month Day

**Please check (✓) the appropriate area(s)**

<input type="checkbox"/>	Income tax matters	<input type="checkbox"/>	CPP/EI matters
<input type="checkbox"/>	GST/HST matters	<input type="checkbox"/>	Other matters (please specify): _____

## Client Identification

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Print surname, name, or name of business, corporation, trust, or unincorporated charity and specify type of entity

Street address		Home telephone number	Work telephone number
City	Province		Postal code

**Complete the one that applies:**

[illegible]

**Comments:**

**I give consent to the above office to discuss my matter over cellular radio waves.**

<hr/> Print client name (if not indicated above)	<hr/> Title (if applicable)
<hr/> Client signature	<hr/> Date