PROTECTED WHEN COMPLETED - B

AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

Complete this form if you authorize Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) to release information from your case file to someone other than yourself.

If your spouse or common-law partner wishes to release personal information to the same designated individual, he or she should sign in the space provided. Your dependent children who are 18 years of age or older must complete their own copy of this form if they wish to authorize CIC and CBSA to release their information to a designated individual.

The individual you designate will be able to obtain information such as the status of your application and will be able to change your address if you move. However, he or she will not be a representative who can conduct business with CIC and CBSA on your behalf. If you wish to be represented, you must complete and submit form Use of a Representative (IMM 5476).

Choose one	5. Your designated individual's full name
I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the following individual.	Family name (Surname) Given name(s)
I withdraw my authorization to release information from my case file to the following individual.	
1. Your full name	6. Your designated individual's contact information
Family name (Surname)	Name of firm or organization (if applicable)
Given name(s)	Mailing address
2. Your date of birth	City Province/State/Territory
3. If you have already submitted your application:	Country Postal code/Zip
Name of office where the	Country 1 Ostal Code/2.p
application was submitted	Telephone Country code Area code Number
Location of office	number () ()
Type of application	Fax Country code Area code Number number
(permanent residence, extension of study permit, etc.)	E-mail address (if applicable)
,, ,	
Your Client Identification (ID) or Unique Client Identifier (UCI) number identification number (if known)	
7. Your declaration	
 I understand the following statements, having asked for and obtained an expension 	planation for every point that was not clear to me.
 If you are giving your authorization I authorize Citizenship and Immigration Canada and Canada Border Servabove. 	vices Agency to release information from my case file to the individual named
 I understand that this consent only allows the disclosure of my personal info I am aware that some information may not be released if it is subject to exer I further authorize the designated individual to update the address listed in n 	nption under the Privacy Act or the Access to Information Act.
If you are withdrawing your authorization	
 I withdraw my authorization to release information from my case file to the in 	dividual named above.
Signature of applicant	Signature of spouse or common-law partner (if applicable)
Date Day Month Year	Date Day Month Year
If you have not yet submitted your application: Send this form along with your application to the office listed in your respective application kit. Send this form to the office where you submitted your original application.	

The information you provide on this form is collected under the authority of the *Privacy Act* and will be used in assessing your request according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the Privacy Act. Under the Privacy Act and the Access to Information Act individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre.

Infosource is also available in Canadian public libraries.