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PARLIAMENTARY CONSENT & INQUIRY FORM

X DATE:
obtain confidential client information of any kind relating to my file as identified and raised in any correspondence or communication.
I hereby authorize the Office of the Hon. Chrystia Freeland, Member of Parliament for University Rosedale, to
ISSUE Please be as detailed as possible and include any file numbers which may be relevant:
Date of Birth:
File No., Client ID or Social Insurance No. (if applicable):
E-mail Address:
Telephone Number:
Address:
Name: