



AUTHORIZATION TO DISCLOSE INFORMATION

I, _____ (please print), hereby authorize the Canadian Government

to contact all governmental authorities, including all police, judicial, state and educational authorities, in all countries in which I and my dependent children may have resided, to verify information provided in my application for immigration to Canada. I further authorize the Canadian Government to contact all private businesses, including educational institutions, banks and past and present employers with which I or my dependent children may have had dealings, to verify documents and information submitted in support of my application.

I authorize all such governmental and private institutions to release to the Canadian Government all records and information that they may possess on behalf of myself and any dependent children included in my application.

I understand that the information obtained by the Canadian Government will be used to assist in assessing my eligibility and admissibility to Canada under the Canadian *Immigration and Refugee Protection Act* and *Immigration and Refugee Protection Regulations*.

Signature of applicant

Date (YYYY-MM-DD)