



INDIVIDUAL CONSENT FORM TO DISCLOSE PERSONAL INFORMATION TO A DESIGNATED THIRD PARTY

I hereby authorize \_\_\_\_\_

to act on my behalf for the purposes of requests for information to the Canadian Security Intelligence Service under the Access to Information Act or Privacy Act, which includes personal information pertaining to me.

I further authorize the Canadian Security Intelligence Service to disclose to:

\_\_\_\_\_

personal information pertaining to me be released through my request dated \_\_\_\_\_ Y-M-D

I understand the information may be subject to exemption in accordance with the aforementioned Acts.

This authorization is valid for two years from the date signed below.

Dated at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_
date month year

Print name: \_\_\_\_\_ (first name)

\_\_\_\_\_ (last name)

Date of birth: \_\_\_\_\_ Y-M-D

Signature: \_\_\_\_\_