



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

I hereby authorize

Leave it Blank

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

Leave it Blank

personal information pertaining to me be released through my request dated **Enter Date**
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 **Enter Your CITY, COUNTRY**
this **XX** day of **XXXXXX** of **XXXX**
date month year

Print name **Your Legal Name**

Signature should be clear
Signature