



Privacy Authorization Form

I, _____, of the city of, _____ province of _____,
Given and family names of grievor Name of city Province

hereby give authorization to the Canada Border Services Agency to send to the National Office of the Customs and Immigration Union, located at 1741 Woodward Drive, Ottawa ON K2C 0P9, all documents that have been requested by me on the attached *Personal Information Request Form* pursuant to paragraph 12(1)(a) and/or (b) of the *Privacy Act*.

Requestor:

Requestor signature

Signed this _____ day of _____, 20____.
month

Witness:

Witness signature

Signed this _____ day of _____, 20____.
month

Witness name

Witness address