



Information Release / Advocacy Agreement

I, _____ do hereby give my consent to **Claudia Chender**,
Full Name

MLA for Dartmouth South and their staff to act as my advocate. In doing so, I agree that the office may:

_____ (initial) Receive information from any/all such agencies and organizations deemed to have information relevant to my situation.

_____ (initial) Give information to any / all agencies and organizations involved in my situation.

Your personal information, whether in paper or electronic form, will only be used for the purpose of resolving the problem you identified. The information will be securely retained in the Constituency Office and will only be accessed and used by authorized staff. The records will be securely destroyed according to the rules affecting constituency files.

I have read the above and agree that such agencies and organizations may be contacted:

(Signature)

(Date)

Street Address: _____

City: _____

Province and Postal Code: _____

Phone: _____

Email: _____