



## JAIME BATTISTE, M.P.

SYDNEY—VICTORIA

### PARLIAMENTARIAN AUTHORIZATION FORM

**First name**

**Last name**

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**Phone number**

**Email**

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**Address**

**Postal code**

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I authorize Jaime Battiste, M.P. for Sydney—Victoria, and/or his delegates, to:

- Collect and use my personal and/or confidential information for the purpose of investigating or resolving the issue;
- Make enquiries with relevant individuals and entities, including government departments and agencies, concerning the issue and seek any other relevant information as required;
- Disclose my information to such relevant individuals and entities, as appropriate, for the purpose of investigating or resolving the issue; and
- On completion of all matters relating to the issue, return my original documents to me.

In the event that all matters relating to the issue are not completed when Jaime Battiste ceases to be a Member of Parliament:

**Transfer my original documents to the successor  
Member of Parliament.**

**Return my original documents to me.**

I also authorize relevant individuals and entities contacted by Jaime Battiste, and/or his delegates to release my information to them, as it relates solely to the issue. I understand that any information I provide to Jaime Battiste, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

**I consent to receiving occasional emails from Jaime Battiste's office.**

**Signature**

**Date**

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