

Instructions to complete the GCMS notes consent form

1. Please read the follow instructions and print the consent form available on pg. 2 of this document. Without the signed consent form, you cannot place an order for GCMS notes. Please **do not** print this instruction page. Only the form should be uploaded to the order.
2. The signature on the form has to be in **blue ink** only. Please make sure your signature matches with the one in your passport or on any immigration forms. The form should be scanned in color only. Clear mobile photos of the form can also be uploaded. Please try to upload in jpeg or jpg formats only. We have found pdf files to be heavy in size and of different Acrobat formats that sometimes do not open. Incorrect formats cause delay in processing the order.
3. Do not enter any information in Section 1 – Representative Information. Please leave it completely blank. Your form will be returned if you do not follow this instruction.
4. Applicant should complete section 2 of the form.
5. If you have added your spouse to your visa application then add their information to section 2.1. If you have also added your children to the application then add their information to section 2.2 & 2.3 as applicable. If you have more family members then complete an extra consent form. All fields including relationship to applicant should be completed. For children’s signature, please read the below and decide the one that is applicable to you.
 - a. If the child is **16 years old or above** then they should sign in their section. Please do not leave the signature field blank or do not sign on behalf of the child. If the signature is missing then the form will be returned by ATIP without any refund.
 - b. For minor children **15 yrs. old or younger**, **BOTH PARENTS** should sign for the children as shown below. The form will be returned if a parent’s signature is missing or the minor child signs in that section. If one of the parents cannot sign then please provide the sole custody document/divorce document/death certificate of the parent whose signature is missing. Please ensure that both parent’s signatures fit in the signature box and do not overlap.

2.2 Related Individual's Information		2.3 Related Individual's Information	
Family name (surname) Smith		Family name (surname) Smith	
Given name(s) Michael		Given name(s) Rose	
Date of birth (YYYY-MM-DD) 2016-12-18		Date of birth (YYYY-MM-DD) 2020-10-23	
Mother's sign here	Father's sign here	Mother's sign here	Father's sign here
Signature (in blue ink)	Date (YYYY-MM-DD) 2021-01-10	Signature (in blue ink)	Date (YYYY-MM-DD) 2021-01-10
Relationship to applicant Son		Relationship to applicant Daughter	



CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST



If your spouse or common-law partner, children 16 years of age or older, or any other individuals whose information could be contained in the requested records wishes to release their information to the designated representative, they must sign in the space provided. Information about minors will only be released with the consent from both parents or a valid Canadian court order indicating that the applicant is permitted to obtain their information. Obtaining consent from all parties will permit Immigration, Refugees and Citizenship Canada (IRCC) to release their information and will provide you with more information in response to your request.

By signing this form, you authorize IRCC to release your information to the designated representative. Only original handwritten signatures signed in blue ink will be accepted. Missing signatures may delay the processing of your request.

1. Designated Representative's Information

Family name (surname)		Address	
Given name(s)		City	Province/Territory
Firm/organization		Country	Postal Code
Telephone number	Other telephone number	Email Address	

2. Applicant's Information

Family name (surname)	
Given name(s)	
Date of birth (YYYY-MM-DD)	
Signature (in blue ink)	Date (YYYY-MM-DD)

2.1 Related Individual's Information

Family name (surname)	
Given name(s)	
Date of birth (YYYY-MM-DD)	
Signature (in blue ink)	Date (YYYY-MM-DD)

Relationship to applicant	
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2.2 Related Individual's Information

Family name (surname)	
Given name(s)	
Date of birth (YYYY-MM-DD)	
Signature (in blue ink)	Date (YYYY-MM-DD)

2.3 Related Individual's Information

Family name (surname)	
Given name(s)	
Date of birth (YYYY-MM-DD)	
Signature (in blue ink)	Date (YYYY-MM-DD)

Relationship to applicant	
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Relationship to applicant	
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This consent is valid for one year from the date appearing next to the Applicant's signature.

The information provided is used to record consent for IRCC to disclose personal information to a designated representative in response to an ATIP request, and is collected under the authority of section 6 of the *Access to Information Act* and sections 8(1) and 13 of the *Privacy Act*.

The requested information is required to validate your consent. Your information may be used internally to administer the ATIP request, and for planning and evaluation purposes. This information may also be used during consultations with other government institutions, during investigations by the Office of the Information Commissioner and the Office of the Privacy Commissioner, and during court reviews.

You have a right of access to, correction, and protection of personal information under the Act, and should you have any concerns with the management of your personal information, you have a right to file a complaint to the Privacy Commissioner. The management of your information is described in the standard personal information bank Access to Information Act and Privacy Act Requests (PSU 901) and can be found in [Info Source](#).