

**INFORMATION RELEASE**

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Principal Applicant's full name) (dd/mm/yyyy)

of \_\_\_\_\_  
(Address)

in the City/Town of \_\_\_\_\_, Country of \_\_\_\_\_

do *hereby authorize* the designated representatives of:

- i) Department of Innovation, Trade and Rural Development, Government of Newfoundland and Labrador and/or Human Resources, Labour and Employment, Government of Newfoundland and Labrador;
- ii) Citizenship and Immigration Canada;
- iii) and/or other person(s) or organization referenced in my application;

to exchange all personal information contained in my application for the Newfoundland and Labrador Provincial Nominee Program, including the IMM 0008 and IMM 5406 regarding myself or any dependent member of my family, and to use it in conjunction with any other agency or branch of either government in evaluating my application.

I also authorize this information to be shared with third parties in Newfoundland and Labrador for the purpose of assessing my application under the Provincial Nominee Program. I understand that the Government of Newfoundland and Labrador and its agencies may contact such parties to verify information provided by me in this application.

I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office. Any information provided to Newfoundland and Labrador will only be disclosed in the manner provided in this Information Release or as required by the Laws of Canada and of Newfoundland and Labrador.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Spouse