

# Immigration Inquiry Form

## Inquirer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship with Applicant: \_\_\_\_\_

## Applicant

Application type: \_\_\_\_\_ Sex: Male  Female   
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(i.e.: Jan 30,1980)  
Country of File Number  
Citizenship: \_\_\_\_\_ and/or Client ID: \_\_\_\_\_  
Consulate/Office where application was submitted: \_\_\_\_\_

## Authorization (To be completed by the applicant)

I, \_\_\_\_\_, (applicant) authorize the office of Randy Hoback, MP to have access to information relating to my immigration case and discuss this with (inquirer/sponsor)."

Applicant signature X \_\_\_\_\_ Date X \_\_\_\_\_

Please fax your completed form: 306-953-8625 (Prince Albert)  
306-862-2267 (Nipawin)

- or -

Email a scanned and signed copy to: [randy.hoback.c1@parl.gc.ca](mailto:randy.hoback.c1@parl.gc.ca) (Prince Albert)  
[randy.hoback.c2@parl.gc.ca](mailto:randy.hoback.c2@parl.gc.ca) (Nipawin)