



OAS/CPP/EI Authorization Form

First Name: _____ **Last Name:** _____
Phone: _____ **Email:** _____
Address: _____ **Date of Birth:** _____
(i.e.: Jan 30,1980)
City: _____ **SIN:** _____
Prov: _____ **Postal Code:** _____

I, _____, (applicant) authorize the office of Randy Hoback, MP to have access to information relating to OAS, CPP, EI, etc., and to discuss this with _____, (applicant/inquirer).

Applicant signature X _____ Date X _____

Additional information :

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 (Prince Albert)
randy.hoback.c2@parl.gc.ca (Nipawin)