

## Alberta Advantage Immigration Program- Authorization to Collect and Disclose Personal Information for Spouse, Common-Law Partners and Dependants

The personal information collected through the Alberta Advantage Immigration Program is collected for purpose of administering the program. This personal information collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, you may contact the Operations Manager at 780-638-2843, by email at [lbr.pnpoffice@gov.ab.ca](mailto:lbr.pnpoffice@gov.ab.ca) or by mail to Alberta Advantage Immigration Program, Suite 940, ATB Place North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6.

If additional signature lines are required, complete a second form.

By signing and submitting this form:

1. I confirm I have reviewed the information about me provided in the Portal for this application/Expression of Interest (EOI) under the

\_\_\_\_\_ [name of Alberta Advantage Immigration Program stream]

by the principal applicant, \_\_\_\_\_, [name of principal applicant]

who is my spouse, common-law partner, parent or legal guardian.

2. I acknowledge that the Alberta Advantage Immigration Program will disclose, as necessary, information collected from this application/EOI under the program, to officials in the Government of Alberta, including but not limited to partner ministries, and to officials administering immigration, temporary foreign worker or other programs related to permanent residence or temporary residence within the Government of Canada.
3. I acknowledge that the Government of Canada will disclose, as necessary, personal information about me collected under the Immigration and Refugee Protection Act and its Regulations to officials administering the Alberta Advantage Immigration Program. I also acknowledge that the program will collect such information.
4. I acknowledge that the Alberta Advantage Immigration Program will disclose information collected from this application/EOI under the program to other Canadian provincial and territorial immigration officials, and to collect information from other Canadian provincial and territorial immigration officials collected in applications/EOIs under their programs, as necessary, for the purpose of assessing or verifying information, or in the event of any suspected non-compliance with any provincial or federal law.
5. I authorize the Alberta Advantage Immigration Program to disclose to and collect personal information from other sources inside or outside Canada for the purpose of evaluating my eligibility for the program, verifying information provided in this application/EOI, maintaining program integrity and evaluating the effectiveness of the program. These sources may include, but are not limited to, current and former employers, professional organizations, industry associations, educational institutions, financial institutions, governments or their agencies and law enforcement agencies, and third party evaluators under contract with the Alberta Advantage Immigration Program.

6. I confirm my understanding of all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

\_\_\_\_\_  
Spouse's or common-law partner's name (print)

\_\_\_\_\_  
Signature (spouse or common-law partner)

\_\_\_\_\_  
Date signed (yyyy/mm/dd)

\_\_\_\_\_  
Dependant's name, 18 years of age or older  
(print)

\_\_\_\_\_  
Signature (dependant)

\_\_\_\_\_  
Date signed (yyyy/mm/dd)

\_\_\_\_\_  
Dependant's name, 18 years of age or older  
(print)

\_\_\_\_\_  
Signature (dependant)

\_\_\_\_\_  
Date signed (yyyy/mm/dd)

\_\_\_\_\_  
Dependant's name, 18 years of age or older  
(print)

\_\_\_\_\_  
Signature (dependant)

\_\_\_\_\_  
Date signed (yyyy/mm/dd)