University of Calgary – Residence Services

Consent to Disclose Personal Information to a Designate

Residence Services collects personal information under the authority of the FOIP Act and uses and discloses it only for the purposes of managing the housing program unless required, permitted or authorized by legislation. With your consent, Residence Services will also provide specific information to, or collect your personal information from, a named individual. If you wish to consent to this collection and/or disclosure, please sign this form as indicated below. Please note that your consent here does not give your designate the authority to make decisions on your behalf.

Section 1 : Your Consent ( Student must complete this section. )

<table>
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<tr>
<th>First Name</th>
<th>Initial</th>
<th>Last Name</th>
<th>Student ID Number</th>
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I give my consent for employees of Residence Services to collect personal information from or disclose personal information to my designate on the following topics:

- [ ] Personal Conduct
- [ ] Roommate Issues
- [ ] Application Process
- [ ] Account Information
- Other ( please specify ): ____________________________

Your Signature: ____________________________  Date: ____________________

Year  Month  Day

This consent remains valid for one year unless you notify Residence Services in writing that you wish to withdraw your consent.

Section 2 : Your Designate ( Designate must complete this section. )

Full name of designate: ____________________________  ____________________________  ____________________________

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<th>Last Name</th>
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Telephone: Home ( ) - _______  Work ( ) - _______  Other ( ) - _______

E-mail address: ____________________________

Mailing address: ____________________________  ____________________________  Province  Country  Postal Code

Street  City

I understand that I can communicate with Residence Services on the subjects checked off above to give and receive information on behalf of the person named in Section 1. I also understand that I do not have the authority to make any decision on this person’s behalf.

Designate’s Signature: ____________________________  Date: ____________________

Year  Month  Day

Keep a photocopy of this form for reference purposes when contacting Residence Services.