

AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

I have read and understood that my personal information will be protected at all times in accordance with the Freedom of Information Act and the Privacy Act.

Housing Service has information on file that can only be released to you, the student. We may only release it to a third party with your express written permission. Use this form to authorize us to release your personal information to one or more persons, such as a parent, legal guardian, or landlord, as specified below.

Please complete, print, sign and submit this form to Housing Service, in person, or by email at residence@uOttawa.ca.

STUDENT INFORMATION		
GIVEN NAME(S)	SURNAME	STUDENT NO.
DATE OF BIRTH <small>YEAR MONTH DAY</small>	RESIDENCE - NO. AND STREET	ROOM, UNITY
AREA CODE & TEL NO.	AREA CODE & CELL PHONE NO.	EMAIL (UOTTAWA IF APPLICABLE)

AUTHORIZED PERSONS	
<small>PLEASE INDICATE THE NAME(S) OF THE PERSON(S) TO WHOM WE MAY RELEASE YOUR INFORMATION AND THE RELATIONSHIP WITH YOU.</small>	
GIVEN NAME(S) AND SURNAME	RELATIONSHIP
AREA CODE & TEL NO.	EMAIL
GIVEN NAME(S) AND SURNAME	RELATIONSHIP
AREA CODE & TEL NO.	EMAIL

ACTIONS AUTHORIZED											
<small>FILL OUT AND CHECK ALL RELEVANT ITEMS</small>											
DURATION OF THE AUTHORIZATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">START</td> <td style="width: 50%; text-align: center;">END</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table> </td> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table> </td> </tr> </table>	START	END	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table>	YEAR	MONTH	DAY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table>	YEAR	MONTH	DAY
START	END										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table>	YEAR	MONTH	DAY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">YEAR</td> <td style="width: 33%; border-bottom: 1px solid black;">MONTH</td> <td style="width: 33%; border-bottom: 1px solid black;">DAY</td> </tr> </table>	YEAR	MONTH	DAY				
YEAR	MONTH	DAY									
YEAR	MONTH	DAY									
1	PROVIDE OR RELEASE CONTACT INFORMATION SUCH AS ADDRESS, TELEPHONE NUMBER, OR EMAIL ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO										
2	RELEASE INFORMATION ABOUT MY RESIDENCE ADMISSION STATUS (RESIDENCE, ROOM, PROOF OF RESIDENCE) <input type="checkbox"/> YES <input type="checkbox"/> NO										
3	RELEASE FINANCIAL INFORMATION CONTAINED IN MY STUDENT RECORD (RESIDENCE FEES, ADMINISTRATIVE CHARGES, PAYMENTS) <input type="checkbox"/> YES <input type="checkbox"/> NO										
4	RELEASE INFORMATION ABOUT MY BEHAVIOUR WHILE LIVING IN RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO										
_____	_____										
DATE	SIGNATURE (STUDENT)										

FOR OFFICE USE ONLY	
<input type="checkbox"/> RECEIVED BY : _____ <small>YEAR MONTH DAY INIT.</small>	COMMENTS