

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	RESIDENCE - NO. AND STREET		ROOM, UNIT
YEAR	MONTH	DAY	
AREA CODE & TEL NO.	AREA CODE & CELL PHONE NO.	EMAIL (UOTTAWA IF APPLICABLE)	

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

ACTIONS AUTHORIZED					
FILL OUT AND CHECK ALL RELEVANT ITEMS					
DURATION OF THE AUTHORIZATION					
START	END				
YEAR	MONTH	DAY	YEAR	MONTH	DAY
1	PROVIDE OR RELEASE CONTACT INFORMATION SUCH AS ADDRESS, TELEPHONE NUMBER, OR EMAIL ADDRESS	YES	NO		
2	RELEASE INFORMATION ABOUT MY RESIDENCE ADMISSION STATUS (RESIDENCE, ROOM, PROOF OF RESIDENCE)	YES	NO		
3	RELEASE FINANCIAL INFORMATION CONTAINED IN MY STUDENT RECORD (RESIDENCE FEES, ADMINISTRATIVE CHARGES, PAYMENTS)	YES	NO		
4	RELEASE INFORMATION ABOUT MY BEHAVIOUR WHILE LIVING IN RESIDENCE	YES	NO		
DATE		SIGNATURE (STUDENT)			

FOR OFFICE USE ONLY			
RECEIVED BY :	COMMENTS		
YEAR	MONTH	DAY	INIT.

Housing Service

90 University Private, Room 145, Ottawa, Ontario, K1N 1H3
residence@uOttawa.ca

