

Notice of Collection of Personal Information

In accordance with the Freedom of Information and Protection of Privacy Act of Ontario and with University Policy 90, your personal information is collected under the authority of the University of Ottawa Act, 1965. Your personal information provided on this form will be used by the University for purposes of and those consistent with the administration of University programs and activities and in order to carry out other University services and functions, including recruitment, admission, registration, academic programs, evaluations, financial aid and awards, assisting student associations and graduation. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact InfoService at 613-562-5630 or infoservice@uOttawa.ca.

THIRD-PARTY AUTHORIZATION FORM TO RELEASE STUDENT INFORMATION

I have read and understood the information explaining that my personal information will be protected at all times in accordance with the freedom of information and protection of privacy act.

The University of Ottawa has information on file that is available only to you, as a student. This information can only be released with your written permission. You can use this form to authorize one or more persons (third parties) to access information about you, or to obtain documents or make transactions concerning you.

For fast processing, please sign, scan and send your form from your @uOttawa email address to your faculty or school secretariat or to InfoService. You can also print, complete and bring this form to your faculty or school secretariat or to InfoService, Tabaret Hall, Room 129, 75 Laurier Avenue East.

STUDENT INFORMATION							
GIVEN NAMES		SURNAME			STUDENT NO.		
DATE OF BIRTH		LOCAL ADDRESS					
<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	NO. AND STREET		APT.
YEAR	MONTH	DAY					
VILLE				PROV. / COUNTRY	POSTAL CODE		
TEL. NO. & AREA CODE (AT HOME)		TEL. NO. & AREA CODE (AT WORK)		E-MAIL			
				@uOttawa.ca			
PROGRAM OF STUDIES			FACULTY		LEVEL		
					<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE		

AUTHORIZED PERSONS	
PLEASE INDICATE THE NAME OF THE PERSON(S) TO WHOM YOUR INFORMATION CAN BE RELEASED.	
GIVEN NAMES	SURNAME

AUTHORIZED ACTIONS														
CHECK ALL RELEVANT ITEMS		DURATION OF THE AUTHORIZATION												
1	OBTAIN INFORMATION FROM MY STUDENT RECORD (FINAL MARKS, REGISTRATION HISTORY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">START</th> <th colspan="3" style="text-align: center;">END</th> </tr> <tr> <td style="width: 33%; text-align: center;">YEAR</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> </tr> </table>	START			END			YEAR	MONTH	DAY	YEAR	MONTH	DAY
START			END											
YEAR	MONTH	DAY	YEAR	MONTH	DAY									
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
2	MAKE, CHANGE OR CANCEL MY COURSE SELECTIONS													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
3	CHANGE MY PROGRAM OF STUDIES													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
4	REQUEST OFFICIAL DOCUMENTS (TRANSCRIPTS, PROOF OF STUDIES AND OTHER OFFICIAL FORMS OR DOCUMENTS)													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
5	CHANGE MY PERSONAL INFORMATION (E.G., CHANGE OF ADDRESS)													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
6	OBTAIN INFORMATION ON MY REGISTRATION, PROGRAM OF STUDIES, TRANSCRIPT OR DEGREE RECEIVED													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
7	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY ADMISSION FILE													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
8	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY FINANCIAL ACCOUNT													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													
9	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY UNIVERSITY OF OTTAWA SCHOLARSHIPS													
	<input type="checkbox"/> YES <input type="checkbox"/> NO													

COMMENTS AND RESTRICTIONS

DATE _____ SIGNATURE (STUDENT) _____

OFFICE OF THE REGISTRAR OR FACULTY REPRESENTATIVE

DATE _____ SIGNATURE (OFFICE OF THE REGISTRAR / FACULTY) _____

CANCELLATION OF AUTHORIZATION	
YOU CAN CANCEL PREVIOUS AUTHORIZATIONS BELOW BY SIGNING YOUR NAME AND INCLUDING THE DATE.	
DATE _____	SIGNATURE (STUDENT) _____