



## Freedom of Information and Protection of Privacy Act

### Consent authorizing the disclosure of personal information

I, \_\_\_\_\_ **[NAME]** \_\_\_\_\_, hereby authorize and give consent to Mount Royal University **[BUSINESS UNIT]** to disclose my personal information to [ \_\_\_\_\_ **THIRD PARTY NAME** \_\_\_\_\_ ], which includes my **[LIST/TYPE OF PERSONAL INFORMATION]** for the purpose(s) provided below for the period of **[DATE RANGE ie. 1 year]** after the date consent is signed. *[Optional – Further, I recognize that my consent to the disclosure of my personal information is voluntary and that I may withdraw my consent at any time; however, it may impact the level of service being requested or required.]*

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#### My relationship to Mount Royal University is:

- **Student:** \_\_\_\_\_ Program name \_\_\_\_\_ Year (s) of study \_\_\_\_\_
  - **Faculty/staff:** \_\_\_\_\_ Title \_\_\_\_\_ Year(s) of employment \_\_\_\_\_
  - **Alumni:** \_\_\_\_\_ Program name \_\_\_\_\_ Year of graduation \_\_\_\_\_
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### Release of Personal Information

I acknowledge by signing that I authorize the disclosure of my personal information as described above for the following purpose(s):

- To provide an Employee Reference       To provide a Student (Academic) Reference
- To provide to a Legal Guardian/Parent       To provide to my Solicitor (Legal Representation)
- To provide for the purpose of: \_\_\_\_\_

I acknowledge by signing below that I have read and understood the contents of this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_

Parent/guardian signature if person is under 18 years-of-age [Name]: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_

#### Freedom of Information and Protection of Privacy

The information that you provide to Mount Royal University is collected under the authority of the Post-secondary Learning Act and Freedom of Information and Protection of Privacy (FOIP) Act - section 33(c). It will be used for the purpose of **[PURPOSE]**. Your personal information is protected by Alberta's FOIP Act and can be reviewed on request subject to the provisions under the Act. If you have further questions about the collection of your personal information it can be directed to: **[TITLE]** at **[PHONE]** **[\*EMAIL/URL if available]** or at:

**[BUSINESS UNIT]** Mount Royal University 4825 Mount Royal Gate SW – Calgary, Alberta – T3E 6K6