



## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

### Student Records Reference Request Form

I, (1) \_\_\_\_\_ request that (2) \_\_\_\_\_

write a letter of reference or respond to a reference check on my behalf.

I understand that (3) \_\_\_\_\_ will have to disclose personal information regarding myself including grades and personal characteristics, in order to write a letter of reference or respond to a reference check on my behalf and I agree to this disclosure.

I agree to the disclosure of my personal information:

Only to the following individuals or organizations

(4) \_\_\_\_\_

\_\_\_\_\_

To all requests for references

This consent will be effective for one year after the signature date.

Signature: (5) \_\_\_\_\_

Date: (6) \_\_\_\_\_

The information that you provide to Mount Royal University is collected under the authority of the *Post-Secondary Learning Act* and the *Alberta Freedom of Information and Protection of Privacy Act* – Section 33(c). It is required only to respond to a request for a reference. Your Personal Information is protected by *Alberta's Freedom of Information and Protection of Privacy Act* and can be reviewed on request.

Questions regarding the collection, use, or disclosure of this Personal Information can be directed to:

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mount Royal University  
4825 Mount Royal Gate SW  
Calgary, AB  
T3E 6K6

## Instructions

A Public Body may collect, use, or disclose personal information only if the individual the information is about has been notified and consents to the prescribed manner to that collection, use, or disclosure of their Personal Information. References are considered disclosure of personal information. Consent from the individual is completed in writing and must describe what Personal Information is being collected. Used, and disclosed by the public body.

Generally, this consent is considered valid for 1 year unless otherwise indicated.

Please fill in the blanks based on the following key:

Key

1. Person giving consent fills in their name.
2. Name of individual or organization (department) that will be collecting, using, or disclosing the Personal Information.
3. Name of individual or organization (department) that will be collecting, using, or disclosing the Personal Information.
4. The specific individual(s) or organization(s) to whom the personal information will be disclosed.
5. The signature of the person authorizing the disclosure of their personal information.
6. Date of signature