

U-Pass Opt-Out Request



Select term:			

supporting docum are acceptable. C Completed forms dropped emailed Refunds for succe	his form in full responsibility to provide all required entation within posted deadlines. Copies Original documents will not be returned. and supporting documentation can be off at the Parking Service Counter (H100); to parking@mtroyal.ca essful opt-out requests will be applied to se within 2 month after the opt-out deadline.	Office Use Only Paid U-Pass fee? Y N Opt-out request: Granted Denied Reason Initial Date	
Last name	First name	Student #	
Address			
	Province	Postal code	
City	1 10 111100		
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The information that you provide on this form is collected under the authority of the Post-secondary Learning Act and Freedom of Information and Protection of Privacy Act Section 33(c). It will be used to issue U-Pass opt-out refunds. Your personal information is protected by Alberta's Freedom of Information and Protection and Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact the Parking Office at 403.440.6914.