



The 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.

I understand that my consent is effective upon the date this consent is signed.

[If applicable] This consent is in effect for the period of **[DATE RANGE ie. 1 year]** after the date consent is signed.

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 _____

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____

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The personal information that you provide to Mount Royal University is collected under the authority of the Post-Secondary Learning Act (s.65) and the Protection of Privacy Act (ss. 4(a) & (c)). The information will be used for the purposes of **[blank]**.

Questions regarding the collection of personal information can be directed to:

[Department Name] – Mount Royal University – Phone **(and/or)** Email **(and/or)** Department Website (url)