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FOIP CONSENT FORM

MacEwan University cannot disclose your personal information to any person or organization without your written consent, except where authorized by legislation. If you so wish, this form allows you to name a person as your representative to communicate with MacEwan University on your behalf. This consent includes the authority for MacEwan University to receive your personal information from your representative and for MacEwan University to disclose your personal information to your representative, including the release of copies of records on file. This form does **not** give your representative the authority to make decisions on your behalf.

Submit this form to Residence Services via email to residence@macewan.ca.

Personal Information

Last Name _____ First Name _____

Room # (if applicable) _____ Email _____ Phone _____

Student Consent

I give my consent for employees of MacEwan Residence to communicate and exchange with my representative named in **Section 2** any personal information related to the subjects checked off below:

Personal Conduct

Personal Well Being

Roommate Issues

Application Process

Account Information

Other (please specify): _____

I understand that this consent remains valid unless I cancel it in writing. I also understand that by signing this form I am giving my representative the authority to give and receive information on my behalf. I am **not**, however, giving my representative the authority to make decisions on my behalf; nor will MacEwan University accept direction from my representative. As well, I understand that this consent is only valid if MacEwan University receives this form within one year from the date I signed it.

Student Signature _____ Date (DD/MM/YYYY) _____

Authorized Representative's Acknowledgement

I understand that I can communicate with MacEwan Residence on the subjects checked off above to give and receive information on behalf of the person named in **Section 1**. I also understand that I do **not** have the authority to make any decision on this person's behalf.

Last Name _____ First Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Email _____

Mailing Address _____

Representative Signature _____ Date (DD/MM/YYYY) _____

Please keep a copy of this form for reference purposes when contacting MacEwan University.

FOIP Personal Information Collection Notice – The personal information collected on this form is collected and protected under Part 2 of the Alberta Freedom of Information and Protection of Privacy Act. It will be used to manage communications between MacEwan University and an authorized representative. If you have any questions about this collection or use, please contact: MacEwan Residence, 11050 – 104 Avenue, Edmonton, Alberta T5K 2Y9 or call (780) 497-4500.