

FOR OFFICE USE ONLYStarRez ID: _____
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MacEwan University collects and protects personal information under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purposes of operating the programs and services of the University.

If you require the disclosure of your personal information to another person, designated agent or agency, legal counsel or for other purposes, please complete the following informed consent document as required under the Act.

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

Personal Information

Last Name _____ First Name _____

Room # (former or current) _____ Email _____ Phone _____

Consent to Release Information

I voluntarily authorize	Residence Services, MacEwan University
to disclose	information regarding my tenancy in residence at MacEwan University. Information includes, but is not limited to, payment history, incident reports, cleaning charges, damage charges and vandalism charges
originally collected to	administer student housing
releasing to	potential new landlords
for the purpose of	providing residence references
for the period	_____ to _____ DD/MM/YYYY DD/MM/YYYY

Date range for which permission will exist

Important Notes

Consent may be revoked at any time by indicating in writing to the Residence Services Office.

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes of managing the consent for disclosure of the personal information process.

Questions concerning the collection, use and disposal of this information should be directed to MacEwan Residence at (780) 497-4500. The information will be retained and disposed of in accordance with approved record retention and disposal schedules of the University.

Signature

By signing and submitting this form, I certify that I have read, understand and agree to the terms and conditions outlined on this form.

Signature _____ Date _____
DD/MM/YYYY