



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) _____

FOIP Notification Statement

The personal 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 (FOIP) Act* – Section 33(c). The information is required for the purpose of responding to a request for a reference.

Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the *FOIP Act* and can be reviewed or corrected on request. Questions regarding the collection of personal information can be directed to:

Title – Department – Mount Royal University 4825 Mount Royal Gate SW Calgary, AB T3E 6K6 – Phone - Email

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