



THE UNIVERSITY OF
WINNIPEG

Campus Living

Release of Personal Information Form

I, (Student Name) _____ (Student Number) _____ ,

hereby authorize (Designated Person) _____ ,

For Academic Year: _____ , access to the following Personal Information:

☐ Residence financial transaction information

☐ Non-financial personal information

Resident Signature

Housing Office Signature

Date signed _____

FIPPA Statement

This form grants The University of Winnipeg Campus Living permission to release a resident's personal information records to third parties. Completion of this document is entirely voluntary and is not required by law or by UWinnipeg policy. The title of "third party" includes family members, government and social agencies, financial institutions and any other individual or organizations that seek to gather your personal information. By signing this form you are explicitly granting access to the specified information to persons designated

on this document. You have the right to rescind this permission at any time by making application in person with Campus Living. Personal information on this form is collected under 36(1) of the Freedom of Information and Protection of Privacy Act (FIPPA) for the above stated purpose. If you have any questions regarding this collection, please contact The University of Winnipeg's Information and Privacy Officer at 515 Portage Avenue, Winnipeg, MB, R3B 2E9, 204.988.7538.