



BOOTH
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The Salvation Army
William and Catherine
BOOTH UNIVERSITY COLLEGE

AUTHORIZATION FOR
PERSONAL INFORMATION DISCLOSURE

I give Booth University College permission to disclose personal information regarding my financial situation and/or academic status to _____ .

With this permission, I give Booth University College the right to communicate with the individual(s) stated above and release Booth University College from any and all responsibility governed by the Personal Information Protection and Electronic Documents Act of Canada (PIPEDA).

Name

Date

Signature

In keeping with the Federal Privacy Law, personal information collected will be used for the purposes of human resource activities including, but not limited to, payroll purposes and Government reporting.

If you have any concerns about this, wish to opt out, or for more information on our Privacy Policy, please contact our Privacy Officer at privacy@BoothUCe.ca, call 947-6701, or check out our website at www.BoothUC.ca .

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