



**BOOTH**  
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COLLEGE

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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 information contained in my Booth UC Student record to:

Name: \_\_\_\_\_

Relation/Organization Title: \_\_\_\_\_

With the following exception(s) (ie, fees, grades, registrations, etc.)

\_\_\_\_\_

\_\_\_\_\_

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).

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

In keeping with the Federal Privacy Law, personal information collected will be used for the purposes of maintaining privacy of records. 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@BoothUC.ca](mailto:privacy@BoothUC.ca), call 947-6701, or check out our website at [www.BoothUC.ca](http://www.BoothUC.ca).