

## RETIREE CONSENT AND AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

Upon retiring from the University of Ottawa, you may wish to stay informed about activities and matters of interest to you. The purpose of this form is to obtain your consent to release your personal information as described below.

Part 1 - Identification			
Name:	Employee No.:		
Part 2 – Personal information (all fields below must be filled)			
Address:			
Email:			
Telephone number:			
Faculty or service:			
Retirement date:			
Preferred language:	French	English $\square$	
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Part 3 - Consent and authorization to disclose personal information			
I AUTHORIZE the University of Ottawa Human Resources to release my personal information as provided in Part 2 of this form (as updated from time to time) for the following purposes (check applicable boxes):			
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•	· ·	•	
Part 2 of this form (as updated  To be contacted by retirees a  • Administrative Staff	from time to time) for the following purposes (che essociations Retirees Association (ASRA)	eck applicable bo	xes):
To be contacted by retirees a  • Administrative Staff  • Association of Profes	from time to time) for the following purposes (che	eck applicable bo	xes):
Part 2 of this form (as updated  To be contacted by retirees a  Administrative Staff Association of Profes  To receive invitations to specificulties and services	from time to time) for the following purposes (che associations Retirees Association (ASRA) assors Retired from University of Ottawa (APRUO) cial events hosted by uOttawa	eck applicable bo	xes):
To be contacted by retirees a  • Administrative Staff • Association of Profes  To receive invitations to specific and the state of the	from time to time) for the following purposes (che associations Retirees Association (ASRA) assors Retired from University of Ottawa (APRUO) cial events hosted by uOttawa	eck applicable bo	xes):
Part 2 of this form (as updated  To be contacted by retirees a  Administrative Staff  Association of Profes  To receive invitations to specificulties and services  Part 4 – Employee/retiree s  I UNDERSTAND that I may revo	from time to time) for the following purposes (che associations Retirees Association (ASRA) assors Retired from University of Ottawa (APRUO) cial events hosted by uOttawa	Yes  Get applicable bo  Yes  Get applicable bo	No

Your personal information is collected under the authority of the *University of Ottawa Act*, 1965, in accordance with the *Freedom of Information and Protection of Privacy Act* of Ontario and with University *Policy 90*. If you have questions about the collection, use and disclosure of your personal information, contact:

Human Resources, Tabaret Hall, 550 Cumberland Street, Room 019, Ottawa, Ontario K1N 6N5 Telephone: 613-562-5832. Toll-free: 1-877-868-8292. Fax: 613-562-5206 Email: hrinfo@uOttawa.ca