REQUEST FOR REFERENCE INFORMATION

In pursuant to Section 33.1(1)(b) of the British Columbia Freedom of Information and Protection of Privacy Act (RSBC 1996, c. 165) I _______________________________ give my consent to _______________________________ give my consent to

SFU Residence & Housing to disclose my personal information under the terms and conditions noted below:

The personal information to be disclosed are (check all that apply):

☐ Length of time lived in Residence
☐ Building(s) lived in Residence
☐ Timely payment of rent

________________________________________
Signature of person giving consent:

___________________________________
Date:

________________________
Phone Number:

________________________
Email Address:

________________________
Student Number:

Residence Admin. Bldg. A1001 8888 University Drive, Burnaby, BC Canada V5A 1S6
TEL 778.782.4201 FAX 778.782.5903 housing@sfu.ca www.sfu.ca/students/residences