



Consent to Release Personal Information Form

- **Fill out this form if there is a third party you would like Civida to send your tenant/applicant information to.**
- **Civida will send your information to the named party to make working on your file faster and easier for you.**

Please submit this form to Civida via mail, fax, in person at our office, or by email to help@civida.ca

SECTION ONE - PERSONAL INFORMATION

Please provide current contact information for the applicant or tenant.

First Name(s) (current legal name)	Last Name (current legal name)	Preferred Name (if different)
Date of Birth (DD/MM/YYYY)		Applicant/Tenant Code

SECTION TWO – AUTHORIZATION LETTER

This is to identify that I, _____ in accordance with section 40 (1)(d) of the *Freedom of Information and Protection of Privacy Act*, consent to the disclosure of my personal information collected by Civida for the purpose of

- Determining my (and my household's) eligibility for the community housing, near market housing, or rent supplement programs, and/or
- Administering the program in which I (and my household) am/are participating in,

As well as any information relating to my file with Civida, such as information relating to my current or past tenancy, or eligibility for a program, to be provided to the below named party.

Name of Persons/organizations receiving information

Phone Number	Email
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Civida.ca
E: help@civida.ca
P: 780-420-6161
F: 780-426-6854
10232 112 Street NW
Edmonton, AB T5K 1M4

SECTION THREE – AUTHORIZATION SIGNATURE

I understand that I may cancel this consent at any time with verbal or written notice.

Applicant/ Tenant Name	Applicant/ Tenant Signature	Date (DD/MM/YYYY)
Witness Name	Witness Signature	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca.