

U-PASS AND ATHLETICS OPT-IN FORM

V#: _____

NAME: _____

UVIC EMAIL: _____

DATE RECEIVED: _____

TERM COVERED: _____

ELIGIBILITY:

- On Co-op
(letter attached)
- Part-time distance
(course registration, email from department,
or letter from department is attached)
- Full time distance
(course registration, email from department,
or letter from department is attached)
- Under an MOU
(attach original letter on letterhead)
- Special Status
(attach original letter on letterhead)

AMOUNT PAID: _____

STUDENT SIGNATURE: _____

STAFF SIGNATURE: _____

Freedom of Information/Protection of Privacy & Student Information shared by the University of Victoria & GSS

All applicants are advised that any information collected by University of Victoria Graduate Students' Society will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act (1992). The University of Victoria Graduate Students' Society (GSS) collects, uses, and discloses personal information where necessary for the purpose of assessment, enrolment, cancellation, and administration under the U-Pass program. No information will be used for any other purposes. Personal information is stored and used in accordance with regulations contained in the federal Personal Information Protection and Electronic Document Act. By filling in this form, I consent to the disclosure of my personal information to GSS staff and those administering the U-Pass program.

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