KPU AUTHORIZATION FORM

THIRD PARTY USE OF LIBRARY CARD/RELEASE OF INFORMATION

Student Name		
First Name	Last Name	Student Number

The purpose of this authorization ("Authorization") is to confirm that you have consented to a third party using your KPU card at KPU libraries and/or to their accessing personal information about you that is maintained by KPU Library. You may indicate that you are authorizing a third party to use your KPU card only, to access your information only, or to be provided with both privileges.   As the card holder, you will continue to be responsible to KPU for all transactions performed using your card, including those performed by an authorized third party. Please review this form carefully before signing it. You may submit a completed form either in person at a KPU library counter or electronically from your KPU email account to libcirc@kpu.ca.

Library Transactions

I authorize (print name of person/agency here)_____
access to the following transactions using my KPU Card:

- Borrow Library materials
- Renew Library materials
- Pick up and borrow materials on Hold
- Pay Library fines/bills
- Other (specify) _____

I understand that I am authorizing the above listed person to use my KPU card and will be responsible for all transactions they perform using that card. I agree to pay any fines or fees incurred by the third party, whether or not I was aware of the third party's use of the card at the time the fees or fines were incurred.

Library Patron Record Information

I authorize (print name of person/agency here)_____
access to the information in my Library Patron Record using my KPU Card:

- Items on loan
- Overdues
- Holds
- Recalls
- Fines/bills
- Bookings
- Other (specify)
- _____

I understand that KPU maintains some personal information about me by tracking the activity on my KPU card. That information may include my borrowing history, fines incurred, personal contact

information and other information about my library usage. By signing this form, I understand that I am authorizing the above listed person to access this information and consent to the release of this information by KPU to the above named individual.

Duration

This Authorization will be valid for the following period:

From: Date (day/month/year)_____ To: Date (day/month/year)_____

IMPORTANT! This Authorization form does not apply to online services using your KPU Card. Access to online fee payment and registration services is controlled through each student's User ID and PIN (password). It is the responsibility of each student to control access to their PIN. Under no circumstances will a student's PIN be released to a third party, even in cases where an Authorization has been signed.

Personal information obtained by KPU as a result of this Authorization is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act and the University Act. Questions about the collection of personal information in connection with this Authorization should be directed to the University Librarian at todd.mundle@kpu.ca.

You may revoke this Authorization at any time by making a written request using the Library Borrowing and Fines Questions Form found at http://www.kpu.ca/library/library-fines.

Signature – I have read and understand this Authorization, and confirm that by signing below I authorize the above listed person(s) to (if indicated) exercise library privileges using my KPU card and/or to access my personal information all as described above.

I understand that my student record will be amended to reflect this Authorization. Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised as described above and that information contained herein is accurate to the best of your knowledge. KPU considers a falsified waiver from as fraud

By signing below, I also confirm that I have received written or verbal authorization from the above-named individual(s) to provide their name and other personal information to KPU.

Student signature