

LOCKER REMOVAL REQUEST FORM

STUDENT ID NO.:	LOCKER NO.:
STUDENT NAME (PLEASE PRINT):	DATE:

SIGNATURE: _____

I AGREE TO ALLOW MACEWAN UNIVERSITY SECURITY SERVICES TO REMOVE THE LOCK ON MY LOCKER. I AGREE TO ACCEPT THE RESPONSIBILITY TO PURCHASE A NEW LOCK IF I MISTAKENLY REMOVE THE WRONG LOCK.

STAFF VERIFICATION AND AUTHORIZATION:	VERIFY LOCKER NUMBER TO STUDENT NAME AND ID#:
_____	_____
(PLEASE PRINT NAME)	(STAFF SIGNATURE)

DATE: _____

SECURITY OFFICER:	DATE:
_____	_____
(SIGNATURE)	

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected under Section.33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of one or all of the following: to determine eligibility for admission and financial assistance, to advise students about academic programs and to provide university services at MacEwan University. Questions concerning this collection should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca