**COUNCILLOR INFORMATION FORM**

Per GSA Bylaw, every department (or unit) offering a graduate program may elect one Councillor to GSA Council for a one-year term, and an Alternate may be appointed to attend in place of the Councillor. These representatives are asked to fill out this form (forms for departmental Councillors are valid for one year from the date of election).

***Please print neatly.*** Return the completed form to the GSA office or to gsa.grants@ualberta.ca.

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| **DEPARTMENT**  (specify Councillor-at-Large for CALs) |  | | | |
| **COUNCILLOR** | | | | |
| **Name of Councillor** |  | | **CCID** |  |
| **Email Address** |  | | **Phone Number** |  |
| **Campus Address** |  | | | |
| **Date of Election to GSA Council** |  | | | |
| **Dietary Restrictions** |  | | | |
| **ALTERNATE (for departmental councillors)** | | | | |
| **Name of Alternate** |  | | **CCID** |  |
| **Email Address** |  | | **Phone Number** |  |
| **Campus address** |  | | | |
| **Dietary Restrictions** |  | | | |
| **STUDENT GROUP INFORMATION (If Applicable)** | | | | |
| **Name of ONE Student Group Executive** | |  | | |
| **E-Mail of ONE Student Group Executive** | |  | | |

The information on this form is collected under section 13(1) of the *Alberta Personal Information Protection Act* (PIPA) and will be used by the GSA to ensure contact with councillors and alternates. Contact may include information relevant to the GSA and Council, invitations, and volunteer opportunities applicable to the representative or members of their department, in addition to the maintenance of attendance records. Councillors’ personal information will be held in security and confidence and will not be released by the GSA, although councillors may be mentioned by name in Council and committee documents, and will be identified on the GSA website by name and department. CCID’s will be used for the purpose of running elections for Council elected positions. Please contact the GSA at (780) 492-2175 if you have any questions.

By signing this form, you give the GSA permission to use the personal information collected on this form for the purposes listed above.

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*Councillor’s Signature Date*