



# PASSCARD AUTHORIZATION FORM

EMAIL FORM TO: [16yorkstreetservice@cadillacfairview.com](mailto:16yorkstreetservice@cadillacfairview.com)

**Please complete one form per employee**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_

ACCESS REQUIRED FOR THE FLOOR / LEVEL(S) \_\_\_\_\_

OTHER AREAS ( please specify) \_\_\_\_\_

TIME RESTRICTIONS REQUIRED \_\_\_\_\_

EMPLOYEE'S FULL NAME \_\_\_\_\_ ( Last) \_\_\_\_\_ ( First)

PHONE ( include area code) \_\_\_\_\_

AUTHORIZING PERSON'S NAME \_\_\_\_\_ ( Last) \_\_\_\_\_ ( First)

PHONE ( include area code) \_\_\_\_\_

AUTHORIZED PERSON'S SIGNATURE \_\_\_\_\_

TO BE COMPLETED BY THE PROPERTY			
NEW EMPLOYEE	PHOTO	YES	NO
CARD NUMBER _____	REPLACEMENT	CARD NUMBER _____	
TIME ENTERED _____			

The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview") uses the information collected from you, including your photograph and logs relating to your use of the passcard, for building access control and security purposes. Your information may be transferred to third-party service providers who process personal information on our behalf, provided such third parties agree to safeguard your information. Your information may also be transferred to a third party in the event a third party acquires all or part of our business.

You understand and agree that Cadillac Fairview will disclose information about your use of the passcard to enter a tenant's premises with that tenant. You understand that the tenant is responsible for the handling of that information once it has been disclosed to the tenant. Cadillac Fairview may also disclose your personal information to law enforcement or others for the purposes of an investigation or where required by law.

If you wish to have a copy of Cadillac Fairview's privacy policy, please visit [www.cadillacfairview.com](http://www.cadillacfairview.com). If you have a privacy question or concern, you may contact Cadillac Fairview's Chief Privacy Officer in writing at 20 Queen Street West, Suite 500, Toronto, Ontario, MSH 3R4.

I, the undersigned, have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_