



INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The University of Alberta collects and protects personal information under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of operating the programs and services of the university.

If you require the disclosure of your personal information to another person, designated agent or agency, legal counsel or other purposes, please complete the following informed consent document as required under the Act.

I voluntarily authorize	
	Individual / Office / Program
to disclose	
	State precise personal information; attach a separate sheet if necessary.
date range	
	Date range within which records were created.
releasing to	
	Identify specific individual, organization or recipient category.
for the purpose of	
	State specific purpose of this information release.
in the period of	
	Provide date range for which permission will exist.

Full Name:	
Date of Birth:	
Student I.D. #:	
Date:	

Signature: _____

NOTE: Consents may be revoked at any time by so indicating in writing to the office seeking consent.

<p>Protection of Privacy – This personal information requested on this form is collected under the authority of Section 33(c) of the <i>Alberta Freedom of Information and Protection of Privacy Act</i> and will be protected under Part 2 of that Act. It will be used for the purposes of [specify use(s)]. Questions concerning the collection, use and disposal of this information should be directed to:</p>

This information will be retained and disposed in accordance with approved records retention and disposal schedules of the university.

