

## 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 purposes 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 for other purposes, please complete the following informed consent document as required under the Act.

I voluntarily authorize the OFFICE OF THE REGISTRAR to disclose/release (select one):

O All Registrar's Uffice Student Services
O Please specify precise personal information. Examples include, but are not limited to: Transcripts, T2202A, Verification Documents, and Application/Admission information. Attach a separate sheet if necessary.
Releasing to (identify specific individual/agency):
For the period of (Provide date range for which permission will exist):
From: MM/DD/YY To: MM/DD/YY
Full Name  Date of Birth MM/DD/YY Student I.D.# Date MM/DD/YY
Signature:

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

**Protection of Privacy** — This personal information requested on this form is collected under the authority of Section 33(c) of the **Alberta Freedom of Information and Protection of Privacy Act**. It will be used for the purpose of administering disclosure of personal information in student records. Questions concerning the collection, use and disposal of this information should be directed to the Registrar at (780) 492-3113 or see **www.ipo.ualberta.ca/**.

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