

Use and Disclosure of Personal Information Consent (Photos)

I authorize the	
	Individual / Office / Program
to use the designated photographs	
	Listing of photographs to be disclosed
taken on	
	Date photograph taken
for the purpose of	
	State specific purpose of information release
in the period	
	State date range for which permission will exist

Full Name:	
Student ID#:	
Date:	

Signature: _____

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

Protection of Privacy – The 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* and will be protected under Part 2 of that Act. It will be used for the purpose of managing photographs of you. Questions concerning the collection, use and disposal of this information should be directed to: [contact position, full address, and business telephone number].

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