

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 (the FOIPAct) 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 Office Student Services

O Please specify precise personal information. Examples include, but are not limited to: Transcripts, T2202, 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 - 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 (the FOIP Act) and will be protected under Part 2 of that 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 Assistant Registrar, Enrolment Services at enrolmentservices@ualberta.ca.

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