

Name (first and last name of individual)
Address of Individual
Email address

Parent/Guardian (if under 18 years old)
Address of Parent/Guardian
Email address of Parent/Guardian

I acknowledge that Athabasca University has the authority to collect the following personal information for the intended uses and disclosure set out below, including in its publications, websites, marketing materials, and at events (check all that apply):

Photographs of me
Recordings of my voice
Make combined audio-visual recordings of me and my voice
Edit existing photographs of me that I have provided and own
Other (please specify):

I understand Athabasca University has authority to use and disclose my personal information for the purposes it is being collected consent to these uses and disclosures.

I further acknowledge that Athabasca University has sole discretion to edit, publish, distribute, broadcast, and use this material worldwide and I acknowledge that I do not retain nor am I entitled to any interest in the materials in which my personal information may appear.

Intended uses or disclosures:

Date (YYYY/MM/DD):

Signature:

The information that you provide to Athabasca University is collected under the authority of section 4 (a, b or c) of the of the Alberta Protection of Privacy Act (POPA), and is protected under its provisions. The purpose for collection your personal information is for the administration of the collection, use and disclosure of the personal information authorized by this form, and to which you have consented. If you have any questions about the collection of use of this information, please contact Communications, University Relations, Athabasca University at communications@athabascau.ca or 1 University Drive, Athabasca, AB, T9S 3A3.