

Standard Consent Form for Disclosure of Personal Information

I, 1. _____ authorize 2. _____
to disclose the personal information listed below to 3. _____
for the purpose of 4. _____ for the period
of 5. _____.

List of Personal Information to be disclosed:

6. _____

Name: _____

Date: _____

Signature: _____

INSTRUCTIONS:

A public body may disclose personal information if the individual the information is about has identified the information and consented, in the prescribed manner, to that release. Generally this consent is considered valid for one year unless otherwise indicated. Please fill in the blanks based on the following key.

KEY:

1. Person giving consent fills in their name.
2. Name of individual or organization that will be disclosing the personal information.
3. Name of individual or organization that will be receiving the personal information.
4. How the personal information will be used by receiving individual or organization.
5. Indicate the period of time you require the consent to be valid.
6. List specifically what personal information will be disclosed.

The information that you provide to Athabasca University is collected under the authority of the Post-Secondary Learning Act and the Alberta Freedom of Information and Protection of Privacy Act Section 33(c). The information will be used for contact purposes only. Your personal information is protected by the Alberta Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, email the FOIP office at foip@athabascau.ca