

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 FOIP 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):

All Registrar's Office Student Services

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 Legal Name

___ ___ / ___ ___ / ___ ___

Date of Birth MM/DD/YY

Student I.D.#

___ ___ / ___ ___ / ___ ___

Date MM/DD/YY

Signature: _____

Protection of Privacy - Personal information provided is collected in accordance with 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. Should you require further information about collection, use and disclosure of personal information, please contact the Assistant Registrar, Enrolment Services at enrolmentservices@ualberta.ca. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.