



Standard Consent Form for Disclosure of Personal Information (Photo's)

I, 1. _____ authorize 2. _____
to use photographs for the purpose of 3. _____ for
the period of 4. _____.

List of Photographs to be disclosed:

5. _____.

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. This includes photographs. 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 using the photographs.
3. Indicate specifically how and where the photographs will be used.
4. Indicate the period of time you require the consent to be valid.
5. 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