



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 4(c) of the *Alberta Protection of Privacy Act* (POPA) and will be protected in accordance with section 10 and used and disclosed in accordance with sections 12 and 13 of the Act. It will be used and disclosed for the purpose of administering disclosure of personal information in student records. The University of Alberta uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included in these automated systems. Should you require further information about collection, use and disclosure of personal information, please contact the Assistant Registrar, Enrolment Services at ropriv@ualberta.ca.