

Consent for the Release of Information Form

Douglas College

From time to time Douglas College may wish to communicate with you either by posting messages on notice boards, by listing your name as a recognition of achievements or through other public presentation of your name. The Freedom of Information and Protection of Privacy Act protects you against unauthorized use of your personal information and we are requesting your permission as follows:

I, (Please Print) _____

- Give permission for my name to be posted on public notice boards in the _____ Department of Douglas College. Yes No

- Give permission for my name to be printed on awards lists. Yes No

- Give permission for my phone number to be shared with faculty/staff, others as necessary.
(specify, e.g. practicum purposes) Yes No

- Give permission for photographs or other reproductions of my likeness to be used.
(specify, e.g. program notes, college newsletters) Yes No

I understand that it will be my responsibility to notify the (Departmental Assistant) if I wish to withdraw any permission granted on this release form.

Signature: _____ Date _____

Home phone: _____

Work phone: _____

email: _____