Consent for Disclosure of Personal Information
(Personal Information, Photographs, Video and Audio)

I authorize the

[Table: Department/Office / Program / Individual]

to use the designated Personal Information, photographs, video or audio taken on

[Table: Listing of Personal Information to be used]

for the purpose of

[Table: State specific purpose of information release]

in the period

[Table: State date range for which permission will exist]

Full Name: ____________________________
I.D. Number: __________________________
Email Address: _________________________

Date: __________________________

Signature: ____________________________

Privacy Notice: Personal Information is collected by Carleton University under the authority of the Federal Freedom of Information and Protection of Privacy Act and the Carleton University Act 1952. If I have any questions about the collection of personal information by Carleton University I can contact the Carleton University Privacy Office, 613-520-2600, ext. 2047, University_Privacy_Office@carleton.ca.

Note: All photographs, audio and video commissioned by Carleton University is the property of Carleton University. This information will be retained and disposed in accordance with approved records retention and disposal schedules of the university.