



**Authorization for Disclosure of Personal Information
(Criminal Record Check)**

The University of Alberta collects and protects personal information under the authority of the Alberta *Freedom of Information and Protection of Privacy Act* for the purposes of operating the programs and services of the university.

If you require the release of personal information in terms of a criminal records check to another individual or agency, the following informed consent is required under the *Act*.

I, _____ Student ID Number _____ consent to the disclosure of my Criminal Record Check information to the agency indicated below.

I acknowledge that the university cannot guarantee a placement with this agency.

Practicum / Field Placement Agency	
Address	
Business Telephone Number	

Name
Signature

Protection of Privacy – This personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of managing the disclosure of criminal record check information process. Direct any questions about this collection to: [contact position, full address, and business telephone number].

This information will be retained and disposed in accordance with approved records retention and disposal schedules of the university.