



Student Authorization for Reference Disclosure

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 reference to another person or agency, please complete the following informed consent document as required under *the Act*.

I, request and authorize

Name Individual, Position, Office / Program

to disclose personal information regarding myself including academic performance, Field Placement results, attendance and personal characteristics;

- Only to

Identify specific individuals, organizations or agencies

- Or **Check** **To all requests for references. Initial if this is selected.** _____

for the purpose of writing a Letter of Reference or responding to a reference check on my behalf. This consent will be effective, and I hereby agree to such disclosure, for one (1) year past the signature date.

Full Name:	
Student ID #:	
Date:	

Signature: _____

<p>Protection of Privacy – This personal information requested on this form is collected under the authority of Section 33(c) of the <i>Alberta Freedom of Information and Protection of Privacy Act</i> and will be protected under Part 2 of the <i>Act</i>. It will be used for the purpose of [state specific uses for which the information is collected]. Direct any questions about this collection to: [contact position, full address, and business telephone number].</p>
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