

Consent for Collecting & Sharing Student Information and Acknowledgement of Procedures

Form FOIP



**LETHBRIDGE
POLYTECHNIC**

The personal information requested on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), section 33(c) and is protected by Part 2 of that Act. Your information will be used to document and/or track your authorization to disclose the personal information outlined in this form. This authorization may be disclosed within Lethbridge Polytechnic or to external agencies as necessary to fulfill the purpose of collection, facilitate the delivery of Polytechnic programs/services, to meet legislative requirements or for uses consistent with these purposes. Questions about the collection, use, disclosure, or protection of the personal information being collected on this form to the Polytechnic's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethpolytech.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

PLEASE PRINT:

First name:	Middle Initial:	Last name:
Student ID Number:	Program Name:	Computer Information Technology

I authorize: My program's administration, faculty, and/or support staff

to collect and disclose the following personal information about me

- Attendance and participation
- Work and education history
- Future goals
- Learning needs
- Practicum placement requirements
- Any other relevant information

with or from any or all of the following:

1. Lethbridge Polytechnic Centre for Technology, Environment and Design administration, faculty, and support staff
2. Practicum site (hosting organization) supervisor, administration, and/or support staff
3. Other (please specify): _____

For the purpose of: Helping me further my education and/or practicum experience.

Date range/expiry date for which permission is authorized Up to six months after the duration of my program registration at Lethbridge College, or two years from the date of signing, whichever is longer.

By signing this form, I:

- Authorize the collection and sharing of my personal information as outlined above.
- Understand that my doing so will greatly facilitate my learning opportunities. I also understand that by not signing this form I greatly limit my ability to participate and therefore my ability to complete the program. (If you choose not to sign this form, you are encouraged to discuss your concerns with your assigned practicum instructor or the program assistant).
- Understand that failure to meet practicum placement requirements (e.g. health requirements, criminal record check, driver's abstract, etc.) may result in practicum placements not being facilitated.
- Acknowledge my receipt and understanding of the terms and conditions of my program as outlined in my course syllabuses, Lethbridge Polytechnic calendar, and program's practicum student information package.

Name: _____

Date: _____
Month Day Year