Consent for Disclosure of Personal Information

I hereby authorize the Department of Laboratory Medicine and Pathology to use the following personal information on the department’s Graduate Studies bulletin board, website, and newsletter (check only those that you consent to):

☐ My name and University of Alberta e-mail address
☐ Official portraits or photographs taken of me either individually or with a group
☐ News items concerning any of my academic achievements such as awards, publications, presentations, defenses, graduations, etc.

Protection of Privacy - The 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 consent for disclosure of personal information process. Direct any questions about this process to the Graduate Studies Coordinator, 5-411 Edmonton Clinic Health Academy; Ph: (780) 492-3185, Fax: (780) 492-7794.

You may revoke your consent at any time by submitting a written request to the Graduate Studies Coordinator at the address above.

__________________________________________  ____________________________
Name                               ID Number

__________________________________________  ____________________________
Signature                          Date