**Consent for Disclosure of Personal Information
(Photographs)**

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| I authorize the | Faculty of Pharmacy & Pharmaceutical Sciences |
|  | University of Alberta |
|  |  |
| to use the | ONECard Photograph (Head Shot) |
|  |  |
| for the purpose of | Incorporation into student ID badge  |
|  | Inclusion on evaluation form sent to service learning site (PHARM 300). This form is returned to the Faculty and will be included in your student file, which will be destroyed 3 years after the last year (to the end of the calendar year) in which you are last registered in the Faculty of Pharmacy and Pharmaceutical Sciences undergraduate program.  |
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|  |  |
| in the period of | September 1, 2017 to May 31, 2021 |

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| Full Name: |  |
| Student I.D. # |  |
| Date: |  |

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| 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 collection to: Please return form by email:University of AlbertaFaculty of Pharmacy & Pharmaceutical SciencesStudent Services 780/492-3362studentservices-pharmacy@ualberta.ca |

 Signature:

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