



## Consent For Use or Disclosure of Personal Information

I, \_\_\_\_\_, consent to the release of  
(Name)

\_\_\_\_\_, to  
(identify nature of personal information)

\_\_\_\_\_, for the purpose of  
(identify individual/organization to whom information is released)

\_\_\_\_\_.  
(indicate why information is being disclosed)

I acknowledge that I have been made aware of the reasons for the use, disclosure of the above information, and the risks and benefits associated with consenting or not consenting to its release.

I understand that I may revoke my consent at any time, by providing, written statement to The East Central Alberta Catholic School Division.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Valid until (optional): \_\_\_\_\_