

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Consent for the Disclosure of Personal Information

The purpose of this release is to document the terms and conditions of the sharing of certain personal information between Bow Valley College and practicum placement agencies in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

I, _____, authorize Bow Valley College to
(print name)

disclose this personal information in relation to my Criminal Record Check to clinical practice agencies for the purpose of accommodating my placement. I further advise that I will notify Bow Valley College of any criminal charges or convictions that may arise during my enrollment and that this information may also be disclosed to the appropriate clinical practice agency. This consent is in effect for the duration of my enrollment in the

_____.

(Program Name)

Student's Name: _____ ID#: _____

Date: _____

Signature: _____

Witness Signature: _____



**Bow Valley
College**