Records and Information/Privacy
3000 College Dr. S
Lethbridge Alberta T1K 1L6
Fax 403.329.0530 Tel 403.320.3203

CONSENT FOR USE OF PERSONAL IMAGE & INFORMATION

The personal information requested on this form is collected and protected under the authority of the Post-secondary Learning Act of Alberta and the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, for the purpose of managing the authorization for use of personal information process. Questions can be directed to the above contact.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	EMPLOYEE / STUDENT ID # (if applicable)
PHONE NUMBER	EMAIL ADDRESS	
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE

I authorize the following office, program or individual:

to use the following photos / video / audio:

and / or other personal information (e.g. name, testimonial, etc.):

for the purpose of:

- ☐ promotional, marketing, and informational purposes, please specify:
- ☐ educational purposes, please specify:
- ☐ other, please specify:

Date range / expiry date for which use is authorized:

May we use your image and your personal information as listed above on our website?

☐ Yes (all of the information listed above may be used for the purposes specified on a Lethbridge College website)

☐ No (the information listed may be used for the specified purposes, but not on a Lethbridge College website)

Lethbridge College cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

By signing this form I am authorizing the use of my personal image and information as outlined above. I understand that I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time at my written request.

X

Date of signing (mm/dd/yyyy):