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

PARENT / GUARDIAN CONSENT FOR USE OF PERSONAL IMAGE AND INFORMATION

The personal information requested on this form is collected and protected under the authority of 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 about this form can be directed to the Records and Information/Privacy (FOIP) Coordinator at Lethbridge College, 3000 College Drive S., Lethbridge, AB T1K 1L6.

IMPORTANT: ALL SECTIONS MUST BE COMPLETED (please print)

PARENT/GUARDIAN CONTACT INFORMATION:

LAST NAME	FIRST NAME	PHONE NUMBER (include area code):
ADDRESS / CITY / PROVINCE / POSTAL CODE		

CHILD #1 - LAST NAME	FIRST NAME
CHILD #2 - LAST NAME	FIRST NAME
CHILD #3 - LAST NAME	FIRST NAME

I authorize:

Specify a Lethbridge College office, program or individual

to use:

List specific information to be used (photographs, video, name, age, etc.)

for the purpose(s) of:

Check all that apply:

- ☐ promotional, marketing, and informational purposes;
- ☐ educational purposes (e.g. password restricted College course websites, classrooms);
- ☐ other, please specify:

for the following time period:

Date range for which use of personal image and/or information is authorized.

May Lethbridge College use your child(ren)'s information as listed above on its publicly available website in addition to the purposes listed above:?

☐ Yes ☐ No

NOTE: 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 from the public website.

I, as parent / guardian of the above named child, hereby consent to the use of personal 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I understand that I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time upon my written request.

X_____ Date of signing: _____