



<h2 style="text-align: center;">Consent to Release Personal Information</h2>
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Email completed, signed form to: Placement.HealthSciences@rdc.ab.ca

Collection, Use and Disclosure of Personal Information

In accordance with sections 33(c) and 40(1) of the Freedom of Information and Protection of Privacy Act of Alberta your personal information will be shared with third-party agencies, organizations, or authorized persons, as detailed in the attached information document “FOIP Notification”, for the purpose of meeting your individual and program requirements. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta as well as in compliance with RDC institutional policies, procedures and agreements. If you have any questions about the collection, use or disclosure of this personal information please contact the FOIP Coordinator 403-342-3400; Red Deer College, 100 College Blvd., Box 5005, Red Deer, Alberta T4N 5H5

I hereby authorize my RDC educational Program to collect, use and/or disclose my personal information to the agencies &/or organizations identified, and for the purposes specified, in the attached information document “FOIP Notification” in order for me to meet my program requirements. I understand that my consent is valid for the duration of my program and that I can withdraw my consent, at any time, by contacting the RDC FOIP Coordinator 403-356-4987.

Signature of Student

Date

Name of student (Print)

Student ID

RDC Program