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goabroad@ualberta.caTel: +1-780-792-3600
Fax: +1-780-492-1488**Today's Date:** _____**First Name:** _____**Last Name:** _____**U of A Student ID:** _____

Information Release Waiver

While I am participating on a University of Alberta Education Abroad Program, I authorize the Education Abroad Program to release information regarding myself and/or the contents of my application file to the following person(s):

Name	Relationship to Student	Date of Birth (YY/MM/DD)

Please note that if there is specific information that you do not want released to persons listed above, it is your responsibility to contact the Education Abroad Advisor at the Education Abroad Program Office and specify in writing, to revoke or limit access to specific information available to your contact(s).

Requests by the above designates for information about a student will be handled as follows:

- 1) If visiting the Education Abroad office physically: the designate will need to verify who they are by showing picture ID (e.g. a driver's license);
- 2) If contacting the Education Abroad office by phone, the designate will need to provide:
 - a) their name (which will need to match the Information Release Waiver); and
 - b) the student's name and UAlberta student ID number.

Signature: _____

Permission to use Words and/or Image and/or Submitted Materials

I hereby grant permission to the Education Abroad Program and University of Alberta International, to collect and use my name, photographic likeness, words and/or quotations in any format and media, for reference, and program promotion. Additionally, I authorize the Education Abroad Program and University of Alberta International, to collect and use any of the photographs, videotapes and audiotapes that I submit to the Education Abroad Program in any format and media, for reference, and program promotion. I realize that my words, image and submitted materials may appear in printed, digital or electronic, promotional and publication materials. I hereby acknowledge that the the Education Abroad Program and University of Alberta International may reuse or republish my name, photograph, words, or submitted materials without notice to me. I waive any right to inspect the product and release the University of Alberta from any liabilities, obligation for financial payment or recognition. My signature indicates that I am at least 18 years of age or older.

Please note that if there is specific information that you no longer wish to grant permission for future use, it is your responsibility to contact the Education Abroad Advisor at the Education Abroad Program Office and specify, in writing, that you would like to rescind or change the scope of your permission as outlined above, in whole or in part, at any point in the future.

Signature: _____

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing the consent for disclosure of personal information process. To rescind or change the scope of your permission(s) simply contact the Education Abroad Program by phone: (780)492-3600 or by mail: 142 Telus Centre, 87 Ave. & 111 St Edmonton AB T6G 2R3