



**CONSENT FOR USE OF PERSONAL INFORMATION
(Images, Video and Audio)**

Part A:

To be completed by the faculty member/academic unit:

_____ from the _____ is requesting
(Name of faculty member) (Academic unit)
your consent to use your personal information as described below:

This information will be used for the purposes described below:

Part B:

To be completed by the faculty member/academic unit:

The personal information requested on this form is collected in accordance with Section 38(2) and 42(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F. 31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant directs otherwise. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

Should you have any questions concerning your personal information, please contact:

FIPPA Representative:

Academic Unit:

Telephone:

E-Mail:

Part C:

To be completed by the student:

I understand that my personal information and image may be used for the purposes detailed in Part A above and I give explicit consent.

This information will be retained and disposed of in accordance with approved records retention and disposal schedules of the University.

(Name of student)

(Signature)

(Date: MM/DD/YYYY)

Please direct any questions about completing this form or this issue to the:

Corporate Archivist and Assistant Privacy Officer

telephone: (613) 520-2600 Ext. 2047

E-Mail: University_Privacy_Office@carleton.ca

OR the FIPPA Representative in your academic unit.

Part A: The faculty member shall enter their name, the academic unit, a description of the information to be used and a description of the purpose for using the information.

Part B: The faculty member shall enter the name of the FIPPA representative for the academic unit and the representative's telephone extension and E-Mail address. If a representative is

unknown please enter the information for the Corporate Archivist and Assistant Privacy Officer as noted above.

Part C: The student shall sign and date the form to indicate explicit consent. If there are any questions about the purpose and/or use of this form please contact the FIPPA representative or the Corporate Archivist and Assistant Privacy Officer.