



PARENTAL CONSENT TO DISCLOSE PERSONAL INFORMATION for SPECIAL PURPOSES - Grad 2020

F 170-1

NORTHERN LIGHTS SCHOOL DIVISION NO. 69
CONSENT TO DISCLOSE PERSONAL INFORMATION

(Freedom of Information and Protection of Privacy Regulation A.R. 200/95, 39 (1)(b) & 40 (1)(d))

This consent form is to be completed in the following circumstances:

1. When the teacher, school, board, media or an outside organization takes photos and/or makes videos or when interviews are undertaken where individual students and /or adults (parents, family members, volunteers, student teachers, etc.) are identified by name; or
2. When the teacher, school, board, media or an outside organization takes photos and/or makes videos where individual students and /or adults (parents, family members, volunteers, student teachers, etc.) are identified and the material is to be used for purposes outside the school.

I, _____, hereby consent for personal information about
Name of parent/guardian

_____ to be used for the following purposes:
Name of student

- inclusion of photo and name in local media print materials recognizing local graduates
- on posters displaying grad photo and name in public areas of the Lac la Biche community
- inclusion in the on-line video presentation honouring the graduating class of 2020
- Northern Lights Public Schools website and social media;
- Northern Lights school websites and social media;
- News releases or other media coverage

I understand that this consent is effective immediately and continues until revoked by me at any time, upon written notice to the FOIP Co-ordinator. In the event that consent is withdrawn, I understand that the information about my child will be removed from further publication or uses.

Signed this _____ day of _____, 20 _____

Parent/Legal Guardian or Independent Student

Questions or concerns may be raised with or addressed to the NLSD FOIP Coordinator at 6005-50 Avenue, Bonnyville, Alberta, T9N 2L4, 826-3145 or 1-888-826-3145 or Fax at 826-4600.

