UNIVERSITY OF ALBERTA

Authorization for Disclosure of Personal Information
(Criminal Record Check)

The University of Alberta collects and protects personal information under the authority of the Alberta *Protection of Privacy Act* for the purposes of operating the programs and services of the university.

If you require the release of personal information in terms of a criminal records check to another individual or agency, the following informed consent is required under the *Act*.

I, _____ Student ID Number _____ consent to the disclosure of my Criminal Record Check information to the agency indicated below.

I acknowledge that the university cannot guarantee a placement with this agency.

Practicum / Field Placement Agency	
Address	
Business Telephone Number	

Name	
Signature	

Protection of Privacy – This personal information requested on this form is collected under the authority of Section 4(c) of the Alberta *Protection of Privacy Act* and will be protected, used and disclosed in accordance with Section 10, 12, and 13 of the *Act*. Specifically, it will be used for the purpose of managing the disclosure of criminal record check information process. The University of Alberta uses automated systems to generate content and to make decisions, recommendations and predictions. The personal information collected may be included in these automated systems.
Direct any questions about this collection to: [contact position, email address, and/or business telephone number].

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