

PARTICIPATION CONSENT FORM AND AUTHORIZATION FOR RELEASE AND RETENTION OF STUDENT INFORMATION

Algonquin College abides by the Confidentiality of Student Records policy, which protects the privacy of personal information held on student records. This policy is now supported by the Freedom of Information and Protection of Privacy Act which came into effect January 1, 1989.

In compliance with the Freedom of Information Act, Section 42 (b), Algonquin College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

PLEASE PRINT CLEARLY

DATE: _____ I, _____
Name of Student

- 1.) give my consent to Algonquin College to release the following information (e.g. application information, confirmation of registration, Dual Credit academic records, etc.) as requested, to my high school, the Dual Credit Coordinator and/or Dual Credit Teacher as assigned by my school board.
- 2.) give my consent that upon registration to the Dual Credit Program at Algonquin College, the required applicant information to generate a student record (name, address, gender, status in Canada, Date of birth, etc.) will be kept confidentially for an indefinite amount of time by the College in an electronic format.
- 3.) am aware of Dual Credit Policy and Program Requirements
<http://www.edu.gov.on.ca/eng/teachers/studentssuccess/DualCreditPro.pdf>
- 4.) agree to do my best to attend my Dual Credit classes as scheduled

I have read and understand the commitment that I am making to the DUAL CREDIT program.

Student Signature

Parents Signature (If student is under 18 years of age)

High School Contact Teacher Signature

Note the following is not a requirement for program participation: I authorize the use of my picture and feedback comments for the purposes of reporting and promoting this program (most cases feedback is anonymous)

Student Signature

Parents Signature (If student is under 18 years of age)