

	PARENTAL CONSENT TO DISCLOSE PERSONAL INFORMATION for SPECIAL PURPOSES	F 170-1
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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, media, board, division 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, media, board, division or 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/participant

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| <ul style="list-style-type: none"> • Bulletin boards inside and outside of the C2-School classroom (located at the Bonnyville and District Centennial Centre; • Class year books; • School pictures and/or interviews and/or video; • C2-School brochures, signage and marketing materials (print and digital); • Northern Lights Public Schools website, podcast and social media; | <ul style="list-style-type: none"> • Northern Lights school websites and social media; • C2-School partner websites, social media and promotional materials; • News releases; • Media coverage; • Teacher portfolios; • Gifts for community partners; • Photo albums; • Teacher training materials. |
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I understand that this consent is effective immediately and continues until revoked by me at any time, upon written notice to the NLSD FOIPP 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 In the event that consent is withdrawn, I understand that the information about my child will be removed from further publication or uses.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.