Consent to Participate in an Advising Consultation



PLEASE NOTE: STUDENT PHOTO IDENTIFICATION (PHOTOCOPY ACCEPTABLE) MUST BE PRESENTED UPON SUBMITTING THIS FORM.

Instructions

A signed **Consent to Participate in an Advising Consultation** must be presented by the student at the time they are booking an appointment or before the appointment begins. Once a student has started courses at the University of Victoria, a completed form is needed when the students who would like to have another person (e.g. parent, guardian, friend) attend a meeting with an academic adviser. By completing and signing this form, a student is agreeing to share personal information with the person identified on this form during a **single** advising appointment.

1. Student information		
Student name:	St	tudent number:
Address:		hone number:
		irth date:
		MONTH DAY YEAR

2. Consent to participate in an advising consultation

The following individual has my permission to participate in my appointment with an academic adviser at the University of Victoria:

Name:

3. Student authorization

I hereby give authorization as identified above:

Signature:

Date:

Date:

The University of Victoria collects, uses, discloses and retains personal information only in compliance with the University Act and the British Columbia Freedom of Information and Protection of Privacy Act. The University of Victoria collects the personal Information on this form pursuant to section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act. The information provided will be used only for the purposes of determining consent to participate in an academic advising consultation. For a detailed listing of the types of Personal Information the University collects and the purposes for such collection see Schedule A, Procedures for the Management of Personal Information. Should you have any questions concerning your personal information, please contact the University Secretary's office at foipp@uvic.ca or (250) 472-4914.