

CONSENT FOR PERSONAL INFORMATION DISCLOSURE TO A THIRD PARTY

Complete Legal Name		V	UVic I.D.
* Daytime Telephone Number	e-mail address		

I _____, authorize UVic to disclose my personal Information under the *Freedom of Information and Protection of Privacy Act* (FIPPA), as described below, to:

Name of Third Party: _____
Org./Company: _____
Day Telephone: _____
Email: _____

Describe the Personal Information to be disclosed to the Third Party. Please include the type of records containing your information, date or time-period covered by the records and department where to locate them (you may enclose separate pages to this form):

Confidential

I understand that when disclosed, the third party will use my information for the following purpose:

This consent for disclosure becomes effective from the following date: _____
DD/MM/YY

and it ends on: _____
DD/MM/YY

Signature	DD/MM/YY
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☐ Enclosed is a copy of my government issued photo identification to confirm my identity.

You may rescind or amend your consent in writing at any time, except where actions has been taken in reliance of this authorization. Please contact UVic's Access Officer with questions about completing this form.

This form meets the requirements for consent in the FIPPA and its Regulations.

The Third Party should submit a completed "FOI Access Request Form" with this form. Incomplete consent forms will not be considered in compliance with the FIPPA; the access request will not be processed.