



## Consent for Personal Information Disclosure

Complete Legal Name	Douglas College ID#
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Daytime Phone Number	Email Address
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I authorize Douglas College to disclose my personal Information under the *Freedom of Information and Protection of Privacy Act* (FIPPA), as described below, to:

Name of Third Party	Organization/Company
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Daytime Phone Number	Email Address
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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.

Describe the purpose for which the third party will use your Personal Information.

Consent Effective Date	Consent Expiration Date
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Signature	Date
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