

This is a sample of a consent form to disclose personal information. Please use this example to create your own consent form. If you have any questions regarding this sample, please contact the IAPP Office.

I authorize \_\_\_\_\_ [name of individual/office/program] to disclose \_\_\_\_\_ [state precise personal information; attach a separate sheet, if necessary] originally collected to \_\_\_\_\_ [state purpose for original collection of this information] to \_\_\_\_\_ [identity specific individual/organization/recipient] for the purpose of \_\_\_\_\_ [state specific purpose of this information release] in the period \_\_\_\_\_ [provide date range for which permission will exist].

Full Name (please print) \_\_\_\_\_

Student ID # (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**NOTE:** Consents may be revoked at any time by so indicating in writing to the office/individual seeking consent.

The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of managing the disclosure of personal information process. Questions concerning the collection, use and disclosure of this information should be directed to: \_\_\_\_\_ (name, title and telephone number).