*[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 IAP 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 # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The personal information requested on this form is authorized by the [*ATIPP Act, 2015*](http://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm) 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)*.