



UNIVERSITY OF SASKATCHEWAN

College of Graduate
and Postdoctoral Studies

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CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____ (print name), authorize the University of Saskatchewan to release the following personal information related to me (“my personal information”) for the purpose of 3MP promotion.

- | | |
|---|--|
| Name | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Degrees | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Program/Dept./College | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Photograph | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Titles of Publications and/or Presentations | Yes <input type="checkbox"/> No <input type="checkbox"/> |

This consent will remain in effect until the College of Graduate and Postdoctoral Studies, University of Saskatchewan is notified otherwise in writing.

Signature: _____ Date: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Saskatchewan Act*. The information you provide will be used by the University for the purpose of obtaining your consent for posting the specified information on the University of Saskatchewan’s website. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*.