



## AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO A THIRD PARTY

I, \_\_\_\_\_, authorize Emily Carr University of Art + Design to disclose my  
(Current Legal Name – please print)

personal information, as described below, under the *Freedom of Information and Protection of Privacy Act* to:

\_\_\_\_\_ (name of Third Party)

\_\_\_\_\_ (Organization/Company)

\_\_\_\_\_ (Email)

\_\_\_\_\_ (Phone/Cell)

*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. Please be specific.)*

I understand that when disclosed, the information in these records will be used for the following purpose:

\_\_\_\_\_

This consent becomes effective from the following date: \_\_\_\_\_  
(DD/MM/YY)

And ends on: \_\_\_\_\_  
(DD/MM/YY)

\_\_\_\_\_ Signature      \_\_\_\_\_ Date (DD/MM/YY)      \_\_\_\_\_ Emily Carr ID#

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 [privacy@ecuad.ca](mailto:privacy@ecuad.ca) with questions about completing this form.*

*This form meets the requirements for consent in the FIPPA and its Regulations. Personal information contained on this form and the copy of the I.D. is collected pursuant to FIPPA and will be used only for the purpose of responding to this access request.*