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**COLLECTION NOTICE AND CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC *Freedom of Information and Protection of Privacy Act* (the Act)*.*

This information is being collected as part of TRU’s [*insert program or activity that the information relates directly to and is necessary for*], as permitted by section 26(c) of FIPPA. For further information about how your personal information is being collected, please email privacy@tru.ca.

I consent to Thompson Rivers University (TRU) and its service providers, collecting, using and disclosing the following information to the following persons/organizations for the following purposes:

|  |  |  |
| --- | --- | --- |
| **Information to be Disclosed** | **To Whom** | **The Purpose for Disclosure** |
| [*include all personal information, please be specific*] | [*if you will be posting to a public website, please state this.*] |  |

I understand that the party to whom disclosure is made (and not TRU) is responsible for the security arrangements to prevent unauthorized access to my personal information.

My consent is effective as of the date of signing (indicated below).

**I have read the above, understand it, and agree to it.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Signature) (Date)*

This form will be kept on file in compliance to TRU’s Records Retention Policy.

INSTRUCTIONS FOR TRU EMPLOYEES (please remove from form once you have completed it):

* This form was prepared as a generic consent form, and may require edits based on your intended use.
* You must ensure that you are collecting information as part of a valid program or activity of TRU in order to comply with FIPPA.
* If you are collecting/using/disclosing personal information as part of a new initiative/project/program/activity, a privacy impact assessment (PIA) will need to be completed per s.69(5.3) of FIPPA.
* Please contact the Privacy Officer at privacy@tru.ca for questions about this form.