



Consent Form for Online Classroom Activities

Course Name _____ Course Semester _____

Student Name _____

Professor/Instructor _____

Under the Freedom of Information and Protection of Privacy Act, Section 33.1(b) “A public body may disclose personal information referred to in section 33 inside or outside Canada as follows: if the individual the information is about has identified the information and consented, in the prescribed manner, to its disclosure inside or outside Canada”

For the purposes of classroom activities, I consent to Thompson Rivers University (TRU) and its service providers, collecting, using and disclosing the following information inside or outside of Canada to the following persons/organizations for the following purposes:

<u>Information</u>	<u>To Whom</u>	<u>Purpose</u>

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.

I have read the above, understand it, and agree to it. **I disagree and choose to opt-out.**

(Print Full Name of Student)

(Signature of Student)

Date: _____

Your personal information is collected on this form under section 26(c) of the FIPPA in order to gain your consent. For further information about this privacy notice and consent please contact your professor/instructor. Alternatively, you may contact the Privacy and Access Office at privacy@tru.ca, or by post: 805 TRU Way. Kamloops, BC V2C 0C8. This form will be kept on file in compliance to TRU's Records Retention Policy.

This information will be kept on file for a period of one year after course completion (to be kept in department files).