



# Consent for Disclosure of Personal Information Form

<b>Last Name:</b>		<b>First Name:</b>	
<b>Student ID Number:</b>		<b>Program:</b>	
<p>(1) I hereby consent to the disclosure to: <b>(Name(s) of person(s) to whom personal information is to be disclosed)</b></p>			
<p>(2) of the following personal information relating to myself that is contained in the records of Lakehead University: <b>(identify the personal information that is to be disclosed – attach extra page if necessary)</b></p>			
<p>(3) which may be disclosed in the following manner: <b>(indicate whether the information may be, e.g., orally reported, viewed, transcribed, copied, mailed, faxed, emailed, or otherwise communicated)</b></p>			
<p>(4) The said personal information may be disclosed to the person(s) identified above until the following date:</p>			
<p>(5) I understand the nature and extent of the personal information to whose disclosure I grant consent and the nature of that disclosure, and I intend to be bound fully by my consent to disclosure as described in this document, in confirmation of which I do hereby sign this document in my own hand.</p>			
<b>Signature of Student:</b>		<b>Date:</b>	
<b>Signature of Witness: (Non-Family Member)</b>		<b>Date:</b>	

**Once completed, upload your form to myInfo using the document upload function in your myInfo account. Refer to the "Applicant" tab and select "Document Upload" from the options listed under "Application".**

Personal information on this form is collected under the authority of sections 3 and 13 of the Lakehead University Act and will be used in support of the disclosure of information of the type and to the extent described in this form. Any questions on this collection should be directed to: Administrative Assistant to the Vice-President (Academic) and Provost, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8181.