



**Consent for Disclosure of Personal Information**

**CONFIDENTIAL**

To: THE BOARD OF GOVERNORS OF LAKEHEAD UNIVERSITY

Identification of Consenter:

Last Name:	First Name:

Student ID Number:	Program:

(1) I, the Consenter identified above, hereby consent to the disclosure to: [name(s) or job title(s) of person(s) to whom personal information is to be disclosed]

(2) Of the following personal information relating to myself that is contained in the records of Lakehead University: [identify the personal information that is to be disclosed]



(3) This consent for disclosure takes effect on the following date:

(4) And will terminate on the following date:

To be valid this Form must,

(a) if printed, be signed by the Consenter and witnessed below:

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Consenter's Signature

\_\_\_\_\_  
Signature of Witness (Non-family member)

(b) if submitted electronically, sent by the Consenter's Lakehead University email account or via the Consenter's account in myInfo.

Personal information on this form is collected under the authority of sections 3, 12, and 14 of the Lakehead University Act and will be used to authorize disclosure of information of the type and to the extent described in this form and to defend Lakehead University in the event of complaints made or legal action taken in relation to the said disclosure. Any questions on this collection should be directed to: the Manager of Undergraduate Admissions, Student Central - Undergraduate Admissions, Lakehead University, 955 Oliver Road, Thunder Bay, ON, P7B 5E1, telephone: 807-345-8500.