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UNIVERSITY OF MANITOBA | Department of Psychology

CONSENT for RELEASE of PERSONAL INFORMATION

I, _____, hereby authorize

_____ Director of Clinical Training _____

to release the following personal information:

___ APPIC Application for Psychology Internship Form _____

___ Letter of Recommendation which would include information contained in my student file regarding my academic record and my performance in the Clinical Program _____

This information can be released to:

_____ all requested Internship Sites _____

I understand that only the specified information will be released, and that the information will be released only to the specified individuals or agencies.

I understand that no other individual or agency will have access to this information without my further written consent and that I may withdraw my consent at any time.

I hereby give my consent for the release of the specified information and I declare that this consent has been given voluntarily.

Date: _____

Expiry Date of Authorization: ___ one year from date of authorization _____

Signature: _____

Signature of Witness: _____

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used to obtain the student's written consent for the release of personal information. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection contact the FIPP A Coordinator's Office, (204) 474-8339, University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, R3T 2N2.