

CONSENT FOR RELEASE OF PERSONAL INFORMATION

l,	_ (print name), a student	at the	University of
Manitoba, authorize the				(name of
faculty/department/unit), University of Mai	nitoba, to relea	se the follow	ing persor	nal information
related to me ("my personal information"):				
Name and UM Email Address		Yes □ No □		
Previous Degrees		Yes □ No □		
Photograph		Yes □ No □		
Thesis Title		Yes □ No □		
Titles of Publications and/or Presentations		Yes □ No □		
Other Personal Information (specify	below):	Yes□] No □	
My personal information will be posted to t				
This consent will remain in effect until the D	epartment is n	otified other	wise in wri	ting.
Signature:	Date:			

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of obtaining your consent for posting the specified information on the University of Manitoba's website. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.