This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy Act, Sections 32, 33 and 37.

This consent form must be used:

♦ when interviews are undertaken or when photos or videos are taken by the media or an outside organization for non-public events for use outside the school community, when individual students are identified by name or face; or
♦ when photos or videos are taken by the Division where individual students are identified and the material is to be used for purposes outside the school.

I hereby give consent for ____________________________________________  to be interviewed by
♦ photographed by
♦ videotaped by
♦ tape recorded by

_______________________________________________________________________

(Name of Organization or Division Department)

Purpose of the interview, photograph or videotape and the use that will be made of it as follows:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature of Student if 18 Years or Older, Signature of Parent/Legal
or Independent Student Guardian

_______________________________________________________________________

Date

For further information concerning the completion of the form, please contact your school principal or the FOIP Coordinator at St. Thomas Aquinas Catholic Schools, 4906 – 49 Avenue, Leduc, Alberta T9E 6W6 986-2500.