

Seneca College of Applied Arts and Technology
Faculty of Continuing Education and Training

Authorization to Release Information

In accordance with the Freedom of Information and Protection of Individual Privacy Act,
I hereby authorize:

The Faculty of Continuing Education and Training to release information concerning my previous field placement to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and Training to release copies of my Health Record to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and training to collect information concerning my field placement record from agencies in which I am placed for field placement.

Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education and Training.

I understand that this authorization will remain in effect during my active enrolment in the

(Program Name)

Student Number

Name (please print)

Date

Signature