

APPENDIX D - Freedom of Information

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 (if applicable)

Name (please print)
