



Authorization for the Disposal of Personal Information

As per Subsection 40(4) of the Freedom of Information and Protection of Privacy Act

Division/ Department: _____

Supervisor of Disposal: _____

Nature of Personal Information (Example: Student Records, Payroll, etc): _____

Authorization Request Date: _____ Date of Disposal: _____

Method of Disposal: Shredding Incineration Other (specify) _____

How will disposal be performed? Internally Externally (by outside supplier)

If the disposal will be performed by an external supplier, please provide the name of the supplier:

Is supplier bonded: Yes No

Are Security Provisions included in the Service Contract?: Yes No

Are containers/boxes labeled to indicate contents? Yes No

Transfer to storage prior to disposal? Yes No

If yes, date of transfer to storage: _____

Location of storage area: _____

Is storage a secured area? Yes No

Are the keys to the storage area controlled? Yes No

Name of individual(s) who will have access to storage area: _____

Will the documents be transported prior to disposal? Yes No If yes,

method of transportation: _____

Will transportation be supervised? Yes No

RECORD OF PERSONAL INFORMATION FOR DISPOSAL

Record Class/Title	Date Range of Records	Other Versions of Records (e.g. electronic, tape, etc.)
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

Name of individual assuming responsibility for disposal: (please print): _____

Signature: _____ Date: _____

AUTHORIZATION TO PROCEED WITH DISPOSAL:

Freedom of Information Office:

Signature: _____ Date: _____

Seneca College's Privacy Office
 8 The Seneca Way
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 email privacyoffice@senecacollege.ca