



INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION (INCLUDING BUT NOT LIMITED TO PHOTOGRAPHS, VIDEOTAPES, AND AUDIO TAPES)

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of use on the Department website, Conference webpages, and in promotional material. Questions concerning the collection, use, or disposal of this information should be directed to:

Joanne McKinnon
Assistant Chair (Admin)
Department of Linguistics
ASH 2-30
University of Alberta,
(780) 492-0130
joanne.mckinnon@ualberta.ca

I hereby give permission to The Department of **Linguistics** to collect and use (check one):

- my name and research interests, in any format and media, for reference and promotion.
- my name, research interests and photographic likeness, in any format and media, for reference and promotion.

Full Name: _____

Student I.D. # (will not be published): _____

Email: _____

Website: _____

Research Interests: _____

Signature: _____ Date: _____

NOTE: Consents may be revoked at any time by so indicating in writing to the Department or office seeking consent. This information will be retained and disposed in accordance with approved records retention and disposal schedules of the Department.