



**UNIVERSITY OF  
ALBERTA**

**Department of Physical Therapy**

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**Release of personal contact information – Statement of Informed Consent Form**

You have agreed to host physical therapy students in your home while they complete a clinical placement in your city/town. The Department of Physical Therapy requests that you give your permission to have your name and contact information, and any photos of the accommodations, uploaded to the U of A, Department of Physical Therapy Clinical Education eClass website. This will be a password protected site available only to current physical therapy students and clinical education staff.

The personal information requested on this form is collected under the authority of section 33(2) of the Alberta Freedom of Information and Protection of Privacy Act.

Questions concerning the collection, use and disposal of this information should be directed to: Chair, Department of Physical Therapy, 250 Corbett Hall, University of Alberta, Edmonton, AB T6G 2G4. Phone: (780) 492-0619 Fax: (780) 492-4429.

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I hereby authorize the University of Alberta to display the contact information listed below on the Department clinical education eClass website. I also authorize that the housing photos I provide may be posted on this website.

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

