



Release of Information Permission Form

SCHOOL OF EDUCATION

By completing the information below, you can approve the release of certain information to others. The Release of Information will be in effect at Acadia's School of Education from the date indicated below until you graduate, or indicate otherwise. It can be revoked at any time by contacting the School of Education's Main Office in writing.

Consent:

Under sections 26(b) and 27(b) of the Freedom of Information and Protection of Privacy Act, I hereby grant permission to Acadia University's School of Education to release the specified information to any designated site in which I complete a practicum placement.

Practicum sites may have access to my information specified below effective:

(Date)

Criminal Record Check including Vulnerable Sector Check

Child Abuse Register Form

Student Signature

Date

Student Number