This form is to seek your consent to release your personal information, as defined in s. 1(n) of the *Freedom of Information and Protection of Privacy Act* (Personal Information), to the School Graduation/Farewell Committee for the purpose of informing you of school activities, fundraising opportunities and volunteer opportunities associated with the graduation or transition of your child at the end of this school year. Farewell celebrations may occur as a celebration of learning at the end of Elementary or Middle School.

The Rocky View School Division (RVS) cannot guarantee the safety or protection of your Personal Information once it has been released to third-parties such as the School Graduation/Farewell Committee. There are inherent risks and dangers of sharing your Personal Information. These risks may include, but are not limited to:

* privacy breaches, hacking, technology malfunction or damage;
* reputational damage;
* property damage, stalking, or physical injury (if address is released);
* misuse of Personal Information; and
* identity theft.

|  |
| --- |
| I Do  I Do Not  Acknowledge, accept, and agree that:   * disclosure of Personal Information has inherent risks, dangers, and hazards (outlined above); * I authorize RVS to disclose my Personal Information to the School Graduation Committee for the purpose(s) outlined above; * this is a binding legal agreement; * I have read and understood the terms of this agreement; * prior to entering this agreement, I have either sought legal advice or have voluntarily and consciously decided against seeking legal advice; * I am entering this agreement freely and voluntarily; * I understand that I will be solely responsible (including financially responsible) for any loss or damage to property, damage to reputation, or personal financial loss resulting from my authorization for RVS to disclose my Personal Information; * I hereby indemnify RVS, its elected trustees, employees, servants, agents and insurers against all liability for any loss resulting from disclosure my Personal Information; * I am not relying on any oral or written statements made by RVS or its agents, whether in a brochure, advertisement, or in individual conversations, that supplement the terms set out in this agreement; * my authorization for RVS to disclose my Personal Information is based solely on the information and terms set out in this agreement; * the terms of this agreement are intended to be as broad and inclusive as is permitted by law; * if any provisions of this agreement are invalid or unenforceable these provisions shall be severed from the agreement and the remaining provisions shall continue in full force and effect; and   I have full legal authority to authorize the release of my Personal Information. |
| I hereby authorize the Rocky View School Division to release my Personal Information including my name and e-mail address, as shown below, to the School Council and/or School Society.  Parent/Legal Guardian or Adult or Independent Student Signature: |
| Parent/Legal Guardian or Adult or Independent Student Name: |
| Parent/Legal Guardian or Adult or Independent Student E-mail Address: |
| Date: |

*\*Please note that not all schools have a School Graduation/Farewell Committee*

*The information on this form is being collected pursuant to the Education Act and the Freedom of Information and Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools FOIP Coordinator, the Associate Superintendent of Business and Operations, by calling 403.945.4000 or by e-mail (*[*busops@rockyview.ab.ca*](mailto:busops@rockyview.ab.ca)*). This information will be retained in accordance with the Student File and Rocky View Schools procedures for B+28 years.*

*Reference:*

AP180 - FOIP Requests for Access to Information or Correction of Personal Information

AP182 – Protection of Privacy