

Consent for the Release of Personal Information

I. I understand that a request for copies of records within the custody and control of the Vancouver School Board (“VSB”) containing my personal information has been made in accordance with section 5 of *Freedom of Information and Protection of Privacy Act* (“FIPPA”) by _____ (“the Applicant”).

II. I understand that the Applicant is seeking access to following (“Requested Records”):

III. By signing below, this serves as written proof under section 5(1)(b) of FIPPA, that I consent to the disclosure of the Requested Records and authorize the VSB to release them to the Applicant. I understand that once the Requested Records are released to the Applicant, the VSB will have no control over how they are used or disclosed by the Applicant and that it is my responsibility to make appropriate arrangements or agreements with the Applicant concerning the collection, use, disclosure, and storage of the Requested Records by them.

IV. **Signature:** _____

Witness Signature: _____

Full Name: _____

Witness Name: _____

Date: _____

Date: _____

Email Address: _____

Phone (optional): _____

Please send the final version of this form to foipop@vsb.bc.ca.

The VSB collects information on this form in accordance with section 26(c) of FIPPA for the purposes of fulfilling a request to access information. Should you have any questions about the collection of your personal information, please email foipop@vsb.bc.ca.