



The Alberta Teachers' Association

Consent for Collection, Use and Disclosure of Personal Information

Name: _____ *(Please print)*

I am giving consent for myself.

I am giving consent for my child or ward.

Name: _____ *(Please print)*

By signing below, I am consenting to The Alberta Teachers' Association collecting, using and disclosing personal information identifying me or my child or ward (identified above) in print and/or online publications and on websites available to the public, including social media. By way of example, personal information may include, but is not limited to, name, photographs, audio/video recordings, artwork, writings or quotations.

I understand that copies of digital publications may come to be housed on servers outside Canada.

I understand that I may vary or withdraw this consent at any time. I understand that the Association's privacy officer is available to answer any questions I may have regarding the collection, use and disclosure of these audio-visual records. The privacy officer can be reached at 780-447-9429.

Signed: _____

Print name: _____ Today's date: _____

For more information on the ATA's privacy policy, visit www.teachers.ab.ca.