

## **Dual Credit Program Consent Form**

## **Image Release**

I hereby grant to George Brown College (the "College") the right and permission to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of images of me taken [insert date], for use in connection with the activities of the College or for promoting, publicizing or explaining the College or its activities. This grant includes, without limitation, the right to publish such images in the College newspaper, alumni magazine, and PR/promotional materials, such as marketing admissions publications, advertisements, fundraising materials, and any other College-related publications.

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## Office of the Registrar

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is collected under the legal authority of the Ontario College of Applied Arts and Technology Act 2002. The information is used for the administrative and statistical purposes of the College including but not limited to, Admissions, Registration and maintaining records, as well as Awards and Scholarships; Alumni and College Foundation administration functions and/or the Ministries or Agencies of the Government of Ontario and the Government of Canada. This information is being collected under Section 39 (2) and Section 42 of the Freedom of Information and Privacy Act of Ontario. If you have any questions or concerns related to the Freedom of Information and Privacy please contact the FOI Coordinator for the College at 416-415-5000 ext. 4646

This information is used for the administrative and statistical purposes of the College and/or Ministries and Agencies of the Government of Ontario and the Government of Canada.

All registrants must comply with George Brown College's Code of Conduction and Policies <a href="https://www.georgebrown.ca/policies">www.georgebrown.ca/policies</a>

I have read the above statements and I hereby authorize the release of all records related to my registration, attendance and academic progress to the aforementioned as well as my Parent/Guardian and Secondary School Representative as stated below.

I have read the foregoing and fully understand the contents of this release form.

Student Name		By checking this box, I authorize the above-mentioned parties to contact me for the purposes of program follow-up and research relating to the Dual Credit program.
Student Signature	Date	
Parent/Guardian Signature (If under 18 years of age)	Date	
Principal (or designate) Signature	Date	
Students: Please provide your email address important updates about your schedule, timet		t staff at George Brown College can send you ation.
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