



## Please complete and return to the school

When student information is shared in a way that makes the child or student publicly identifiable, the *Freedom of Information and Protection of Privacy Act* (FOIP) requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, celebrates the successes of children and students with parents, the community, and general public.

- When you sign this form, you are agreeing that some of your child's personal information (image, first name, first initial of surname, grade, school, and/or samples of work) may be shared publicly by the school and/or CBE. Student personal information is shared for the purposes of ongoing communication, learning, and celebration. Examples of such sharing include:
  - public displays and presentations
  - CBE approved, including teacher managed, websites and social media sites.
  - print and electronic publications such as school newsletters, brochures, and invitations

Lessons and student work may be digitally recorded as evidence for student assessment, staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations or colleagues as a professional learning resource.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given.

Decisions on consent can be changed at any time throughout the school year. You may withdraw your consent or decide to provide consent at any time by notifying the school principal in writing. The change to consent will be effective going forward from the time the notification is received.

**Note | If you have any concerns about this form, please contact the principal at your school.**

### Consent for Release

- ☐ I give the Calgary Board of Education consent to use my child's information as described above for non-profit educational purposes.
- ☐ I DO NOT give consent to use my child's information as described above.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Parent/Independent Student

\_\_\_\_\_  
Signature of Parent/Independent Student

Authorization for Collection of Personal Information Personal information is collected under the authority of the *Education Act* and the *Freedom of Information and Protection of Privacy Act*. This information will be used to manage student personal information. If you have any questions regarding the collection of this information, contact the school principal.