

Consent to Share My Personal Information

I, _____, allow _____
(Print your name) *(Print names of university staff/faculty)*

to share the following personal information:

(Describe the personal information to be disclosed)

to _____
(Print the names of the people requiring the information)

in order to find me a work experience placement and arrange accommodations for me.

I understand the purpose for sharing this information with the person/people noted above. I understand that I do not have to sign this form.

My Name:

Address:

Telephone: _____

Signature: _____

Date:

Witness Name: _____

Address:

Telephone: _____

Email: _____

Signature: _____

Date:

This consent is in effect until _____