

## Authorization to Release Information

### **Seneca College of Applied Arts and Technology Faculty of Continuing Education and Training**

**In accordance with the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize:**

- The Faculty of Continuing Education & Training (FCET) to release information concerning my previous field placement agencies in which I may be placed for field placement experience.
- The Faculty of Continuing Education & Training (FCET) to release copies of my Health Record to agencies in which I may be placed for field placement experience.
- The Faculty of Continuing Education & Training (FCET) to collect information concerning my field placement record from agencies in which I am placed for field placement.
- Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education & Training (FCET).

**I understand that this authorization will remain in effect during my active enrolment in the**

<b>Program Name</b>	<b>Year</b>
<b>Student Number</b>	<b>Student Name (Please Print)</b>
<b>Date</b>	<b>Signature</b>