

FOIP CONSENT INTERVIEWS / PHOTOGRAPHS / AUDIO / VIDEO



As required by the Freedom of Information and Protection of Privacy Act, Sections 33(c), 34 and 39

This Consent Form must be used at the time:

- interviews/photographs/audio/video are taken by **the media or an outside organization** and where individual students are identifiable.
- interviews/photographs/audio/video are taken by **the Division or a Division school**, where individual students are identifiable and the material is to be used for purposes **outside the school division**.

I hereby consent for _____
(name of student)

to be interviewed
 photographed
 video-recorded
 audio-recorded

by _____
(name of organization or Division department)

for the purpose of _____

Signature of Parent/Legal Guardian Date (M/D/Y)

Student's Grade

For further information concerning the completion of this form, please contact the FOIP Coordinator at the Battle River School Division, Phone 780-672-6131.