



CONSENT FOR DISCLOSURE OF FOUR YEAR HONOURS PROJECT

I authorize the

School of Mathematics and Statistics

Office/Program/Individual

To use my Four Year Honours Project

Submitted on

Date submitted to Honours Coordinator

For the purpose of

State specific purpose of information release

In the period

State date range for which permission will exist

Full Name:

Student I.D. #:

Date:

Signature _____

Protection of Privacy

The personal information requested on this form is collected under the authority of Section 42 (R.S.O.) 1990, c. F.31) of the *Freedom of Information and Protection of Privacy Act* and will be protected under Part 3 of that *Act*. It will be used for the purpose of managing the consent for disclosure of personal information process. Direct any questions about this collection to: [contact position, full address, and business telephone number].