

# CONSENT TO PUBLISH INFORMATION

**Canada's Capital University** 

## Part A:

|  |  |                      |                    | _              |
|--|--|----------------------|--------------------|----------------|
|  | from the                                 |                      |                    | is requestir   |
| (Name of faculty/staff me                        |  | (Academic/Admir      | nstrative unit)    | '              |
| your consent to public<br>other information as o | sh your name, photog<br>described below: | raph, biography, sch | olarship award d   | etails, and/or |
|  |  |                      |                    |                |
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| This information will h                          | no published for the p                   |                      |                    |                |
|  |  | urposes of promotio  | n, publicity, and/ | or other       |
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| purposes as described                            |  | urposes of promotio  | n, publicity, and/ | or other       |
| purposes as described  This information will b   |  |                      |                    |                |
| purposes as described  This information will b   | d below:                                 |                      |                    |                |
| purposes as described                            | d below:                                 |                      |                    |                |

#### Part B:

### To be completed by the faculty/staff member or academic/administrative unit:

The personal information requested on this form is collected under the authority of the *Carleton University Act* in accordance with Section 38(2) and 42(1) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). The information provided will not be used for any purposes other than those stated upon this form unless the individual consents otherwise. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

| treat your personal information  | on in accordance with this law.    |                       |  |  |  |
|--|------------------------------------|-----------------------|--|--|--|
| Should you have any question   | s concerning your personal informa | tion, please contact: |  |  |  |
| FIPPA Representative: Academic/Administrative Unit:  |                                    |                       |  |  |  |
| Telephone:   | E-Mail:                            |                       |  |  |  |
| Part C: To be completed by the individual:  I understand that my personal information and image may be published in hard copy or online and I hereby provide explicit consent to publish the information detailed in Part A on page 1 of this form.  This information will be retained and disposed of in accordance with approved records retention and disposal schedules of the University. |                                    |                       |  |  |  |
|  |                                    |                       |  |  |  |
|  |                                    |                       |  |  |  |
| (Name of individual)   | (Signature)                        | (Date: MM/DD/YYYY)    |  |  |  |
|  |                                    |                       |  |  |  |

Carleton University Privacy Office: Oct 2018

Please direct any questions about completing this form or this issue to the:

#### Manager, Privacy & Access to Information

Telephone: (613) 520-2600 Ext. 2047

E-Mail: University\_Privacy\_Office@carleton.ca

**OR** the FIPPA Representative in your academic/administrative unit.

**Part A**: The faculty/staff member shall enter their name, the academic/administrative unit, a description of the information to be published, a description of the purpose for publishing the information, and a description of the location where the information will be published.

**Part B**: The faculty/staff member shall enter the name of the FIPPA representative for the academic/administrative unit and the representative's telephone extension and E-Mail address. If no representative is available, you identify the Manager, Privacy & Access to Information as the contact.

**Part C**: The individual shall indicate the personal information that may be published and shall sign and date the form to indicate explicit consent. The student may specify a time limit (usually 5 year) or indicate "no time limit" if the period of permission is indefinite.

#### **Guidelines for publishing student information:**

Under FIPPA, the University is not allowed to confirm or deny the enrolment of any current undergraduate or graduate student without their consent. Posting current student names on websites (for example scholarship winners) or academic Curriculum Vitaes (CVs) is considered confirming enrolment and this should not be done without consent.

#### Posting student names on websites/academic CVs:

Implicit consent is acceptable to post undergraduate and graduate student names on websites and/or academic CVs. A record will need to be kept, in the academic unit offices, that students have been advised of plans to post their names. If any student objects, their name may not be posted publicly and must be removed if already posted. The following is a sample notice: "I am/we are planning to post your name on the following web pages... (include the url). If you object to your name being posted, please advise the writer by return E-Mail within 5 days. If you do not respond, your consent to post your name will be assumed."

#### Posting student names/photos/biographies for publicity purposes:

Explicit consent is required to post undergraduate and graduate student names/photos/biographies for publicity purposes. A record of consent will need to be kept for each student as long as their personal information (i.e. name, likeness and other personal information) is continued to be used. This **Consent to Publish Student Information** form may be used for this purpose.

Carleton University Privacy Office: Oct 2018