**EXPERIENTIAL EDUCATION FACULTY OF SOCIAL SCIENCES**

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**STUDENT INFORMATION DISCLOSURE CONSENT FORM**

As per Section 42(b) of *the Freedom of Information and Protection of Privacy Act* (FIPPA), I authorize Experiential Education, Faculty of Social Sciences, McMaster University, to disclose during the academic year in which this form was signed and/or while I am enrolled as a Social Sciences student any and/or all relevant information related to my internship and/or student placement and/or awards (including applications and any attachments submitted) to any and/or all potential or current employers and/or placement agencies, and/or applicant reviewers as necessary to manage internships, placements and awards in compliance with the University’s policies, procedures, and academic requirements.

I acknowledge that I must advise Experiential Education, Faculty of Social Sciences, McMaster University, in writing, should I wish to revoke this consent for any reason. Refusing or revoking consent for disclosure of information may result ineligibility for internship and/or other placement or award opportunities.

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| Student’s Name (please print) | Student ID Number |

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| Student’s Signature | Date |
| Witness’s Signature | Date |

/July 2020