



## **RELEASE OF INFORMATION**

Pursuant to Section 42 (b) and (c) of the Freedom of Information and Protection of Privacy Act

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***“An Institution shall not disclose personal information in its custody or under its control except,***

1. Where the person to whom the information is related has identified that information and consented to its disclosure;
  2. For the purpose for which it was obtained or compiled for a “consistent purpose”
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The undersigned authorizes the disclosure (to and by AEI designates) of:

1. Personal information relating to his/her name, employment and address to any funding agency of the AEI diploma program delivery. (i.e. Medical Services Branch & Health Canada)
2. A record of class attendance to the student’s employer or designate
3. A record of class attendance and grades/progress reports to the student funder provided that the AEI receives a signed Release of Information Form from the funder
4. Academic records pertaining to their enrolment and/or program standing at the applicable college
5. Mature Testing results obtained from the applicable testing centre and /or agency

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Student Name (print)

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Student Signature

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Date



## RELEASE FORM

I, the undersigned hereby grant the Union of Ontario Indian Inc, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness.

I hereby grant the Union of Ontario Indians Inc, its successors, assigns and agents the perpetuity rights to use, as you may desire, all still and motion pictures and sound track recordings and records which you may make of me or of my voice, and the right to use my name or likeness. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me.

I agree that I will not assert or maintain against the Union of Ontario Indians, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over, have read the forgoing, and fully understand the meaning and effect therefore.

PRINT NAME \_\_\_\_\_ WITNESS \_\_\_\_\_

Signatures \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_