

**ECEC Form for FOIP**  
(Freedom of Information and Protection of Privacy Act)

The Alberta Freedom of Information and Protection of Privacy (FOIP) Act is now in effect and requires that consent be obtained for the collection and use of personal information that is not sanctioned in the School Act. This would include the use of an individual's artwork, written material, technological work, or other creative work/material. A consent form is needed before any such material can be displayed on our ECEC Web. Any photos to be displayed will also need to have permission given before they can be posted on our site.

Please use this form to obtain permission:

1. I agree that permission has been given to publish photos of (name) _____ in any ECEC publication (ECEC Journal, ECEC IEI Newsletter, promotional materials or posters, or ECEC Web Site).	Yes	No								
2. I agree that permission has been given for individual (_____) or school photos to be used for educational purposes.	Yes	No								
3. I agree that the individual's name as written here _____ may be used in ECEC sponsored displays.	Yes	No								
4. I agree that permission has been given to use (name's) _____ artwork, written material, technological work, or other creative work/material for educational purposes.	Yes	No								
<p align="center">I (self, parent or guardian) hereby consent to the collection and use of ALL information of the 4 items listed in the Permission Form above.</p> <table border="0" style="width:100%"> <tr> <td align="center" style="width:50%">_____</td> <td align="center" style="width:50%">_____</td> </tr> <tr> <td align="center">Full Name of Individual</td> <td align="center">Signature of Self, Parent or Guardian</td> </tr> <tr> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td align="center">Date</td> <td align="center">Date</td> </tr> </table>			_____	_____	Full Name of Individual	Signature of Self, Parent or Guardian	_____	_____	Date	Date
_____	_____									
Full Name of Individual	Signature of Self, Parent or Guardian									
_____	_____									
Date	Date									
<p align="center"><b>OR</b></p> <p align="center">I (self, parent, or guardian) hereby consent to the collection and use of the information listed in the Permission Form above <b>EXCEPT for the following items:</b></p> <p>Number: _____ Specify concern: _____</p> <p>Number: _____ Specify concern: _____</p> <p>Number: _____ Specify concern: _____</p> <table border="0" style="width:100%"> <tr> <td align="center" style="width:50%">_____</td> <td align="center" style="width:50%">_____</td> </tr> <tr> <td align="center">Full Name of Individual</td> <td align="center">Signature of Self, Parent or Guardian</td> </tr> <tr> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td align="center">Date</td> <td align="center">Date</td> </tr> </table>			_____	_____	Full Name of Individual	Signature of Self, Parent or Guardian	_____	_____	Date	Date
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