



Please complete and return to the school

When student information is shared in a way that makes the student publicly identifiable, the *Freedom of Information and Protection of Privacy Act (FOIP)* requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, helps us celebrate the successes of our students with parents, the community and general public.

When you sign this form, you are agreeing that your child’s personal information (image, first name, first initial of surname, grade, school, CBE email address, samples of work) may be shared publicly by the school and/or CBE. Some examples of how this information may be shared are as follows:

- Public displays and presentations
- School and CBE websites and social media (blogs, Facebook, Twitter, YouTube and more)
- Print and electronic publications that provide information about CBE and school initiatives or activities (brochures, invitations, reports, newsletters)
- Videos

Lessons and student work may be digitally recorded as evidence for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given. You may withdraw your consent at any time by notifying the school principal in writing.

This consent does not apply to:

- Use of student information by media or third party organizations
- Photographs, videos or interviews taken during public events either on or off CBE property. Public events include such activities as school assemblies, performances, field trips and sporting events.
- The educational use of student information within the CBE environment.

Consent for Release (please print)

_____ I give the Calgary Board of Education consent to use my child’s information as described above for non-profit educational purposes.

_____ I DO NOT give consent to use my child’s information as described above.

Name of Student

School

Name of Parent/Guardian/Independent Student

Signature of Parent/Guardian/Independent Student

Date (YYYY-MM-DD)