

Privacy Consent Form for Student Awards

SECTION 1 - NOTICE OF COLLECTION - FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (“*FIPPA*”)

In accordance with Section 39(2) of *FIPPA*, the information provided on the award application is collected under the authority of the *Ryerson University Act, 1977* and is used by Financial Assistance and Award Administrators at Ryerson University for the purposes of determining and adjudicating your eligibility for financial assistance, including but not limited to financial awards and bursaries. The information collected may also be used on an aggregate basis in order to comply with Ryerson University’s statutory reporting obligations.

All personal information that is collected will be used, disclosed, stored, and destroyed in accordance with Ryerson University’s Procedure for Protecting Restricted Information and Providing Access to Information (see: <http://www.ryerson.ca/policies/board/informationprotectionaccessprocedure.html>) which is part of the Information Protection and Access Policy (see: <http://www.ryerson.ca/policies/board/informationprotectionaccesspolicy.html>).

If you have questions about the collection, use, and disclosure of this information by Ryerson University please contact Manager, Student Financial Assistance: cscrase@ryerson.ca 416-979-5000 ext 6648.

SECTION 2 - CONSENT TO DISCLOSE ACADEMIC RECORD TO FINANCIAL ASSISTANCE

In order to assess your eligibility for some forms of financial assistance, we may need to review your academic record.

By signing below, you hereby consent to: (i) the collection of information for the purposes set out above in Section 1, and (ii) the disclosure of your academic record by the Registrar to Financial Assistance for the purpose of assessing your eligibility for student financial awards and/or assistance.

Please note that if you do not consent to the collection and disclosure, we will not be able to determine your eligibility for some forms of financial assistance.

NAME: _____ STUDENT #: _____
(Please Print) (Please Print)

SIGNATURE: _____ DATE: _____