



INTERVIEW/PHOTOGRAPH/VIDEO CONSENT FORM

This information is collected and distributed in accordance with the *Freedom of Information and Protection of Privacy Act*, Sections 32, 33 and 37

This consent form must be used:

- ◆ when interviews are undertaken or when photos or videos are taken by the media or an outside organization for non-public events for use outside the school community, when individual students are identified by name or face; or
- ◆ when photos or videos are taken by the Division where individual students are identified and the material is to be used for purposes outside the school.

I hereby give consent for _____ to be
(Name of Student)

- ◆ interviewed by
- ◆ photographed by
- ◆ videotaped by
- ◆ tape recorded by

(Name of Organization or Division Department)

Purpose of the interview, photograph or videotape and the use that will be made of it as follows:

Signature of Student if 18 Years or Older,
or Independent Student

Signature of Parent/Legal
Guardian

Date

For further information concerning the completion of the form, please contact your school principal or the **FOIP Coordinator** at St. Thomas Aquinas Catholic Schools, 4906 – 49 Avenue, Leduc, Alberta T9E 6W6 986-2500.