Rocky View Schools (RVS) may, from time to time, enter into data sharing agreements that provide benefit to students and/or enhance future educational opportunities in the province of Alberta. These opportunities to collaborate with third-parties, pursuant to the data sharing agreements, may be used to support educational programs and/or research.

RVS has entered into a data sharing agreement as outlined in Part A below (the Data Sharing Opportunity). The Data Sharing Opportunity requires RVS to disclose personal information, as defined in s. 1(n) of the *Freedom of Information and Protection of Privacy Act*, (Personal Information). RVS is therefore seeking your authorization to disclose your and/or your child’s Personal Information to another organization.

To provide your consent for the disclosure of your and your child’s Personal Information please complete the Authorization Agreement in Part B.

**Part A: Details of the Data Sharing Opportunity and Disclosure of Personal Information (to be completed by an authorized school division representative):**

|  |  |
| --- | --- |
| Description of the Data Sharing Opportunity: |  |
| **What** Personal Information will be disclosed |  |
| **Who** will have access to the Personal Information: |  |
| **Where** will the Personal Information be Stored: |  |
| How **Long** will the Personal Information be Retained: |  |
| **How** will the Personal Information be Used: |  |
| Other Party(ies) that will have access to the Personal Information: |  |
| Potential Benefit(s) of the Data Sharing Opportunity: |  |
| RVS Representative/ Contact: |  |

**Part B: Authorization Agreement (to be completed by parent/guardian):**

Please review the information above regarding the Data Sharing Opportunity and the proposed disclosure of Personal Information. There are inherent risks and dangers of sharing your, or your child’s, Personal Information. These may include, but are not limited to:

* privacy breaches, hacking, technology malfunction or damage;
* reputational damage;
* property damage, stalking, or physical injury (if address is released);
* misuse of Personal Information; and
* identity theft.

|  |
| --- |
| I,       (the parent/guardian or independent student), acknowledge, accept, and agree that:   * disclosure Personal Information has inherent risks, dangers, and hazards (outlined above); * I authorize RVS to disclose my, or my child’s, Personal Information with the party(ies) and for the purpose(s) outlined in Part A above; * this is a binding legal agreement; * I have read and understood the terms of this Agreement; * prior to entering this agreement, I have either sought legal advice or have voluntarily and consciously decided against seeking legal advice; * I am entering this agreement freely and voluntarily; * I understand that I will be solely responsible (including financially responsible) for any loss or damage to property, damage to reputation, or personal financial loss resulting from my authorization for RVS to disclose my, or my child’s, Personal Information; * I hereby indemnify RVS against all liability for any loss resulting from disclosure my, or my child’s, Personal Information; * I am not relying on any oral or written statements made by RVS or its agents, whether in a brochure, advertisement, or in individual conversations, that supplement the terms set out in this Agreement; * my decision to participate in the Data Sharing Opportunity and to authorize RVS to disclose my, or my child’s, Personal Information is based solely on the information and terms set out in this Agreement; * the terms of this Agreement are intended to be as broad and inclusive as is permitted by law; * if any provisions of this Agreement are invalid or unenforceable these provisions shall be severed from the Agreement and the remaining provisions shall continue in full force and effect;   I am either the guardian of the student, or the student, if over the age of 18; and  I have full legal authority to authorize the release of my, or my child’s, Personal Information. |
| Name of Student: |
| Name of Parent/Guardian: *(please print)* |
| Signature of Parent/Guardian/Independent Student: |
| Date: |

*The information on this form is being collected pursuant to the Education Act and the Freedom of Information and Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools FOIP Coordinator, the Associate Superintendent of Business and Operations, by calling 403.945.4000 or by e-mail (*[*busops@rockyview.ab.ca*](mailto:busops@rockyview.ab.ca)*). This information will be retained in accordance with Rocky View Schools procedures for birth plus 28 years or for 10 years if the individual is an adult.*

*Reference:* AP180 Freedom of Information and Protection of Privacy