MEDICINE HAT SCHOOL DISTRICT No. 76
601 – 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

FOIP RELEASE FORM – Adult Release

FOIP Legislation:

As a result of changes in copyright and various other legislations, including the **Freedom Of Information And Protection Of Privacy Act** (FOIP) schools are required to get written permission from individuals before personal information can be displayed outside of school.

Permission Granted:

I hereby grant permission to *Medicine Hat School District No. 76* and _____

to use my photographs, videos, voice recordings, photograph(s) of myself &/or my name

in any manner connected with the fulfillment of the purpose of the following:

_____

_____

_____

_____

_____

_____ X_____ _____
PRINT NAME SIGNATURE DATE

_____
Address (Street and Number)

_____
City

_____ _____
Province Postal Code