



## Authorization for the Collection of Personal Information

Program name:

### Section A. - Personal Information

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Name:

Company:

Position:

Business Address:

City:  Province:  Postal Code:

Phone Number:

Email:

### Section B- Freedom of Information and Protection of Privacy

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The information you provide on this form is collected by the College in accordance with the Freedom of Information and Protection of Privacy Act and is used by the College for administrative and planning purposes, admission, registration and programs of the College, and for consistent purposes. If you have questions about this collection of Personal Information please contact the Privacy Coordinator, Fleming College,

599 Brealey Drive Peterborough ON K9J 7B1, [freedomofinformation@flemingcollege.ca](mailto:freedomofinformation@flemingcollege.ca)

### Section C – Consent

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By my signature, I hereby give consent for Fleming College to collect and use the personal information provided above for the purpose(s) as stated in Section B of this form.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

Year joined Program Advisory Committee: \_\_\_\_\_