Saskatchewan-Québec Student Exchange Program

Parent/Guardian Approval Form

Release of Information

The personal information you provide in this application, including photographs and captions, is collected under the authority of Sections 25 and 26(1) of *The Freedom of Information and Protection of Privacy Act (FOIP)* and will be managed in accordance with Part 4 of FOIP. Section 25 ensures the information is collected only for the authorized purpose—administering the Saskatchewan-Québec (SK-QC) Student Exchange Program—while Section 26(1) governs the manner of collection.

Your information will be used as permitted under Section 28 to determine eligibility, match students for a successful exchange experience, and communicate with program partners. It will be disclosed as authorized by Section 29 to Québec Ministry of Education, the Québec exchange student and their family, and the Québec student's school.

Your personal information will not be used or disclosed for any other purpose without your consent, except as required by law. You have the right to request corrections or removal of your personal information under FOIP. If you have questions or concerns about the SK-QC Student Exchange Program or wish to exercise your right to rescind consent, please contact the Provincial Coordinator at 306-787-6048 or email at: prog.fedprov@gov.sk.ca

Parent/Guardian Commitment

- I declare that I have read the "Release of Information" above and consent to the collection, use and disclosure of my child/ward's information and photographic images for the stated purposes.
- I have read and understood my child's responses in this application and support their participation in the exchange. I will do everything possible to ensure the exchange is successful for both students.
- I understand that the Provincial Coordinator must be informed of any major difficulties or changes in family circumstances, knowing such changes may result in cancellation of the exchange.
- I understand that consent may be withdrawn at any time by contacting the Provincial Coordinator.

_____	_____
Signature of parent or legal guardian	Date (DD/MM/YYYY)
_____	_____
Signature of parent or legal guardian	Date (DD/MM/YYYY)

Student Consent (Required if 16 years or older)

I, _____ (student name), have read and understood the "Release of Information" above. I consent to the collection, use and disclosure of my personal information and photographic images for the stated purposes. I understand my rights under FOIP and agree to participate in the SK-QC Student Exchange Program. I understand that I may withdraw my consent at any time by contacting the Provincial Coordinator.

_____	_____
Signature of student	Date (DD/MM/YYYY)

Future Contact (Optional)

I give consent for the Saskatchewan Ministry of Education to contact me after the exchange program ends with information about educational opportunities, including scholarships and bursaries. Consent for future contact may be withdrawn at any time by contacting the Provincial Coordinator.

_____	_____
Signature of parent or legal guardian	Date (DD/MM/YYYY)
_____	_____
Signature of parent or legal guardian	Date (DD/MM/YYYY)
_____	_____
Signature of student	Date (DD/MM/YYYY)