

Employee Consent Form

Scholarship Name	
Scholarship Name:	
Applicant	
Applicant Name:	
Applicant Email:	
Account Number (if known):	
Employee Information	
Employee Name:	
Name of Employer:	
Position:	
Branch/Work Location:	
Employee Number:	
Declaration of Employee Eligibility	
<p>You are asked to complete this form as the parent of a dependent applying to a scholarship program administered by Universities Canada. To complete the application process, some information from you is required in order to confirm that your dependent is an eligible scholarship candidate under the terms of the program. This information will not be used or disclosed for any other purpose unless required or authorized by law. By completing and submitting this form you are consenting to the collection, use, disclosure and retention of this personal information for the above stated purposes. You may refuse to provide this information to us or withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. In either case, this may limit your dependent's scholarship eligibility.</p> <p>A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at www.univcan.ca or by requesting a copy from Universities Canada's Privacy Officer. Please contact the Privacy Officer by calling (613) 563-1236 or by writing to: Privacy Officer at 1710-350 Albert Street, Ottawa, ON K1R 1B1 should you have any privacy related questions or concerns.</p> <p>To confirm your relationship with the applicant and to provide your employment details, please submit the completed form via email or uploading it to the application portal. This form must be received before the application deadline noted in the program guidelines.</p> <p>After reviewing the scholarship program guidelines, I confirm that by the deadline date, I will meet all employee eligibility requirements.</p>	
Date:	Signature: