**Notice of Collection:**

**Curriculum Vitae Release**

\_\_\_\_\_ College is collecting your personal information, including the personal information set out in your CV, for The Ministry of Colleges and Universities (MCU) pursuant to paragraph 1 of s. 15(1) of the *Ministry of Training, Colleges, and Universities Act.*Your personal information will be handled by MCU’s PEQAB Secretariat, which provides administrative services to the Postsecondary Education Quality Assessment Board (PEQAB) to support PEQAB in fulfilling its functions under the *Post-secondary Education Choice and Excellence Act, 2000* (the “PSECE Act”).

The College will be disclosing this personal information to the Secretariat within MCU and to PEQAB to enable PEQAB to complete a quality assurance review. PEQAB will be collecting this personal information and conducting this review in accordance with and as authorized by the PSECE Act*.* Your personal information may be shared and used within PEQAB, including with PEQAB Board members and with the Reviewers who will be assessing the degree program, institution and its faculty against various PEQAB Standards.

By submitting your CV to the College, you are consenting to the College’s disclosure of your personal information to MCU and PEQAB in accordance with s. 42(1)(b) of the *Freedom of Information and Protection of Privacy Act* (“FIPPA”), as well as to PEQAB’s indirect collection of your personal information in accordance with s. 39(1)(a) of FIPPA.

If you have any questions about the collection, use, or disclosure of your personal information, please contact:  peqab@ontario.ca

Should you wish to discuss the collection, use or disclosure of your personal information with your institution, please contact: *[intuitional representative, business title and email]*

By signing this form, the faculty member listed below:

* Affirms that all information provided on their curriculum vitae is true and complete
* Authorizes [the College]\_\_\_\_\_\_\_\_\_\_\_  to include their curriculum vitae in its submission for the degree program(s) below:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Agrees to the inclusion of their curriculum vitae in any documents associated with degree program approval and renewal.

Name:             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_