

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

Permission to Collection, Disclosure and Storage of Information

A. Personal Identification

Name:

Address:

Telephone: Fax:

E-mail:

CPA member number and status (member, student member, international affiliate):

I am of legal age (18 years or over)

B. Collection and Disclosure

I authorize the Canadian Psychological Association to use my full name, membership status, the text below in testimonial, and my video or audio image where applicable (hereafter called “the information”). I understand that this information will be used by the CPA to promote the association. The information may be used in print and/or electronic form and its uses will include, but not be limited to, publicity, advertising, presentations, displays, promotion, recruitment and/or publication of any product or service for the CPA.

I agree that CPA may reproduce any of the information in whole or part and that the original and any copies shall become the sole property of CPA. In addition, I waive my right to inspect or approve the finished product, including written or electronic copy, in which my information appears.

I, on behalf of myself, my heirs, representatives, successors and assigns, hereby release and forever discharge the CPA, its employees, agents or assignees from all claims, demands, damages, actions or cause of action of any nature whatsoever arising or to arise by reasons of this authorization.

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I agree that I will not make a monetary or other claim against CPA or the use of the information.

C. Storage of Information

This form and its information will be stored in accordance with the provisions of the Privacy Policy of the Canadian Psychological Association.

<http://www.cpa.ca/aboutcpa/policystatements/privacypolicy/>

If you have any questions about the collection, disclosure or storage of the information, please contact:

Linda McPhee, Director of Communications and Stakeholder Relations
613-237-2144, ext. 325

Testimonial:

I have read and agreed to the terms listed above, and have signed below:

Signature	Name (printed)	Date
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Signature of witness	Name of witness (printed)	Date
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