**Student Consent Agreement**

Consent to the Collection, Use, Disclosure and Storage of

Personal Information When Using Web-based Tools

in [insert VIU Course Name]

*This form is used to obtain your informed consent to the collection, use, disclosure and storage of your personal information when using web-based technology in this course for required learning.*

*\*Please carefully read, fill out and sign the form below. If you have any questions or concerns about the form or the protection of your privacy, please consult the instructor.*

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**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Instructor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Description of the Uses and the Technology to be Used**

**Technology to be Used:** [insert name of tool]

[Advise how being used: Eg. As part of the course requirements, you will be asked to participate and complete activities for course assignments and assessments throughout the semester.]

**Privacy Information**

You may be asked to provide information such as:

* + - First and Last Name
		- Email Address
		- Password (create on your own)

**You may elect to use an instructor-assigned alias, email address and password if you have concerns about the privacy risks of personally identifiable information.**

Fill out the agreement below, clearly marking your name and registration option choice. Sign and date the form, keep a copy for your own reference, and provide a copy to your instructor.

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**Student Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the collection, use, disclosure and storage of my personal information inside or outside of Canada while using the technology described for the purposes of engaging in this class. I am aware of and understand that there are privacy risks and will endeavour to minimize exposure of my and other people’s personal information by collecting, using and disclosing only that information that is necessary to complete the course in the manner prescribed by the instructor.

I understand that I may use an instructor-assigned pseudonym to remain anonymous online for the purposes of this class to minimize exposure of my or other people’s personal information to 3rd parties that are not part of this class or project or who are otherwise not entitled to this information.

**Registration options** (check one ✓)

\_\_\_\_ I will use my own name and email address to register.

\_\_\_\_ I wish to use a pseudonym to remain anonymous online for the purposes of this class (see note below).

This consent is valid until (course end date) unless revoked by me in writing and delivered to the instructor.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** A **s**tudent who wishes to use a pseudonym will be assigned a fake name, email address and password by the instructor. If a student loses or forgets the password, they would retrieve it by emailing the instructor.