



The Stein Family
Foundation

ASPIRE Award Information Disclosure Consent Form

Student Name: _____

School Name: _____ **Graduation Year:** _____

1. Purpose of Collection

The Stein Family Foundation (the "Foundation") collects limited personal information for the purpose of:

- Recognizing the student as a recipient of the **ASPIRE** award;
- Publishing the student's photograph and award recognition on the Foundation's website;
- Promoting the Foundation's charitable mission.

2. Personal Information to Be Collected and Published

With consent, the Foundation will collect and publicly disclose on its website:

- The student's **photograph**;
- The student's **first and last name**;
- The student's **school name**;
- Graduation year.

3. Legal Authority & Privacy Compliance

The Foundation collects, uses, and discloses personal information in accordance with:

- The **Personal Information Protection and Electronic Documents Act (PIPEDA)**;
- Applicable Ontario privacy principles;
- Any relevant school board policies (where applicable).

4. Public Disclosure & Risks

I understand that:

- The Foundation's website is publicly accessible worldwide;
- Information published online may be copied and/or reproduced by third parties beyond the Foundation's control;
- The Foundation cannot guarantee removal of third-party copies once information is publicly shared.

5. Voluntary Consent & Withdrawal

- Providing consent is voluntary;
- Refusal to provide consent will **not affect** the student's receipt of the **ASPIRE** award;
- Consent may be withdrawn at any time by written request to the Foundation.

I acknowledge that I have read and understand this consent form. I voluntarily consent to the collection, use, and public disclosure of the personal information described above.

Student (18 Years of Age or Older) or Guardian

Name (Student or Guardian) (print): _____

Signature: _____ **Date:** _____



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