

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION RE:  
2004 BRYON PAEGE MEMORIAL AWARD SELECTION PROCESS**

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

I \_\_\_\_\_ consent to the disclosure of my personal information by \_\_\_\_\_ to the Bryon Paege Memorial Award Selection Committee (the Committee being composed of two members delegated by CUPE 3911, one member delegated by AUSU, and one member delegated by AU Counselling Services) for the purposes of the selection process for a recipient of the 2004 Bryon Paege Memorial Award. I understand that all nomination forms and accompanying information will be destroyed immediately following the award selection.

Signed:

\_\_\_\_\_

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Attach to completed Nomination Form

mail To: Bryon Paege Memorial Award  
c/o CUPE 3911  
10030 – 107 St.  
Edmonton AB T5J 3E4

email to: [gaylebu@athabascau.ca](mailto:gaylebu@athabascau.ca)  
(subject line: Bryon Paege Award)