



Authorization for the Disposal of Personal Information
As per Subsection 40(4) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*

Department/School:	Authorization Request Date:
Name:	Phone Number:

Describe the category of personal information contained in the records: (e.g., student records, employee records, client records):

Records Series, Class or Title	Date Range of Records	Hard Copy or Electronic Records	Other Version of Records Still Exists

Individual in the department (or Facilities) assuming responsibility for disposal:

Name: _____ **Title:** _____

Date of disposal: _____

Method of disposal:

Shredding

Incineration

Other

If 'Other', please describe:

Please complete the following information in the event records or device(s) containing records are being disposed of offsite with the assistance of the Facilities department.

Records or device(s) are being transferred to a storage location prior to destruction:

Storage location: _____ **Date of transfer to storage:** _____

Records or device(s) are being transferred to an authorized third party for disposal:

Third party vendor: _____ **Contact name:** _____

Department/School authorization to proceed with disposal: (send to approver via Adobe Sign)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Privacy Office authorization to proceed with disposal: (send to Joseph Lee via Adobe Sign)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Contact the Privacy Office if you have any questions around how to complete the form at privacyoffice@senecapolytechnic.ca or by phone at 416.764.0400.