

## Dual Credit Student Success Stories

It is a goal of the Central Lakes Regional Planning Team to share some of the amazing stories of our dual credit students through college and board websites, the RPT website and social media where appropriate. We believe Dual Credit Teachers are a great source of these stories. If you have a success story to share, please complete the following and share with Michelle Rao and your school board lead.

1. Student Name:
2. Dual Credit Course and Location:
3. Student Contact Information:
4. Student Background—what brought them to dual credit
5. Tell us about the difference dual credit has made for this student and/or the success the student is experiencing
6. What else should we know?

**Please have student complete and sign the attached consent form.**



## Consent for collection and use of personal information

### School College Partnerships

Georgian College is compliant with the *Freedom of Information and Protection of Privacy Act, 1990* (FIPPA), and endeavours to protect your information in accordance with this law. The personal information requested on this form is collected under the legal authority of the *Ontario Colleges of Applied Arts and Technology Act, 2002*, Section 2 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than to facilitate the release of photos, video or audio recordings, to which you have consented for Georgian College's use.

<b>First name:</b>	<b>Last name:</b>
<b>Address:</b>	<b>Contact information:</b>

**Date and location of event:**

\_\_\_\_\_  
\_\_\_\_\_

Please indicate below one or more of the following as consent for release:

- Photographs
- Video recordings
- Audio recordings, including quotes from the recordings
- Written materials, e.g. comments

I, \_\_\_\_\_, understand that my photo, my name, program and campus

(Print name)

may be used for promotional purposes, including college publications, and use in college-related publicity.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed) of witness: \_\_\_\_\_