



**MECHANICAL CONTRACTORS ASSOCIATION HAMILTON NIAGARA**

**Release Form for Scholarship Applicant**

**By filling out and returning this form with your scholarship application to MCA Hamilton Niagara, you are hereby allowing MCA Hamilton Niagara to use or release any personal information related to your Scholarship Application.**

I \_\_\_\_\_ authorize  
Please Print Name

MCA Hamilton Niagara to store personal information related to my scholarship application, including any photographs that may be taken. All information compiled will be stored in a secure location, only accessible to MCA Hamilton Niagara staff.

\_\_\_\_\_  
Applicant's Signature

***Please note: Due to Canada's Privacy Act, we are now required to acquire your permission to store documentation and photographs that may come into our possession through your participation in the Association. Upon the completion of this document and signature of authorization signifies that permission has been granted to us.***

For further information on this act, please visit the following website:  
<https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada>