

Sheridan

Student Photo Identification Collection Form

Last Name _____ First Name _____

Sheridan ID # _____

Student Signature _____ Date _____
(dd-mm-yyyy)

Parent/Guardian Signature _____ Date _____
(if under 16 years of age) *(dd-mm-yyyy)*

Please note that your photograph and any other personal information on this form is collected pursuant to s.2 of the Ontario of Applied Arts and technology Act for purposes of administering the College's security and emergency preparedness plans as well as to facilitate the provision of services offered by the College where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to the Director, Information Security and Compliance, Sheridan College, 1430 Trafalgar Road, Oakville, ON L6H-2L1, 905-845-9430 x2035