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SSHRC Impact Awards

Type of Award Being Nominated for:
Family Name:
Given Name:
Nominating Institution:
I hereby grant SSHRC the right to:
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I understand that any personal information collected in order to administer the Impact Awards competition is under the control of SSHRC and will be managed in accordance with the <u>Privacy Act</u> . I also acknowledge that any personal information collected for the purposes of administering the competition may be subject to disclosure in accordance with the <u>Access to Information Act</u> .
I agree I disagree
Note that if you do not agree you cannot be nominated for a SSHRC Impact Award.
Signature ————————————————————————————————————