University College of the North
Student Accessibility Services

Office of the Dean of Students

Accessible Learning for All

Consent for Disclosure of Personal Information

Notice Regarding Collection, Use and Disclosure of Personal Information
Your personal information is being collected under the authority of The University College of the North Act. The information you provide will be used by UCN Student Accessibility Services (SAS) to develop and implement accommodations to assist in your academic success. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). If you have any question about the collection of your personal information, contact the Access & Privacy Officer, Meaghan Buchanan, at mbuchanan@ucn.ca, 436-7th Street E, The Pas, MB, R9A 1M7.
The exception is for cases where the release of information is required by law.

Personal information collected by the SAS may be utilized by the Dean of Students, staff, UCN faculty members, academic advisors and counsellors. Your personal information may also be disclosed to sponsoring agencies such as Society of Manitobans with Disabilities on an as required basis. You will be advised whenever a disclosure of information to such third parties is needed.

Should you agree to the above, please print your name, sign and date below.

I, _____, hereby declare that I have read and fully understand the purpose for the disclosure of my personal information related to my disabilities and academic performance, as specified above. I, hereby, authorize the Accessibility Resource Officer to obtain and release information pertinent to my disability and accommodation with UCN staff/faculty, other parties or agencies when such information is required to coordinate the delivery of services that is needed.me.

Additional information:
_____
_____

Parent Signature (if under 18 years of age): _____

This information will be used only for the purposes stated above. You may revoke this consent at any time by delivering a revocation in writing to SAS. This form will be in effect for the duration of your program.

Signature of Student: _____ Date: _____

Signature of Accessibility Resource Officer: _____ Date: _____

This form is available in alternate format upon request.

Student Accessibility Services UCN

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Tel: 204-627-8243

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