

Consent for Disclosure of Personal Information

This form explains and regulates the flow of information between the Student Accessibility Services (SAS) of University College of the North (UCN) and other parties or agencies that are relevant to the student's accommodation. UCN will limit sharing your information to only those parties that require the information to determine appropriate accommodation, facilities and services to you. 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.

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.