



Consent to Release Information

Internal

Access Services - Dawson Creek Campus
11401 - 8th Street Dawson Creek, B.C. V1G
4G2 Ph: 250-782-5251 | Fax: 250-782-5233

Student Name _____ Program _____ Date _____

Instructors _____

*In order for Access Services to meet your disability-related needs, your written consent is required for communication with relevant college staff. Please complete this form in consultation with Access Services. By signing this form, you agree with this statement: **"I understand that to assist Access Services in providing educational support it may be necessary to inform the identified college staff about my particular situation"**. Signing this form also allows Access Services to review college transcripts and documents related to your admission (e.g., CAAT test) for the purposes of planning supports.*

Please check the boxes below you feel are appropriate:

My instructors _____
Campus Administrator _____
Dean/Department Chair _____
Office of the Registrar _____
Student Services _____
Residence Office _____
Library Staff _____
Senior Administration _____
Government Loans/Financial Aid Officer _____
Financial Aid Officer _____
Aboriginal Services Advisor _____
Learning Support Specialist _____
Oral Facilitators _____
Tutor(s) _____
Invigilators _____
Others (Please specify, e.g., parents): _____

I agree to notify Access Services if any of this information changes. I acknowledge that I may add or exclude, either verbally or in writing, any of the above named parties at any time. I understand that my disclosure will be used in a professional manner and will be kept confidential by all parties as governed by the BC Freedom of Information and Protection of Privacy Act. This Consent is valid for one-year.

Student Signature _____ Expiry _____