

Consent to Release Information

Internal

Student Name	Program	Expiry
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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
- Student Housing
- Library Staff
- Senior Administration
- Government Loans/Financial Aid Officer
- International Education
- Indigenous Education
- 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.

I acknowledge that I am signing this document electronically. I agree that my electronic signature is the equivalent of my handwritten signature on this document.

Student Signature

Date