

Consent Form

Name: _____

Student #:

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I hereby give permission to the Disability Advisors to discuss my student information with the Learning Specialists, Coordinator, and Disability Assistant, in **Services for Students with Disabilities**, as it directly relates to my education and accommodation planning.

I understand that any information collected is under the authority of Kwantlen policies, the *University Act*, and Section 32(c) of the *Freedom of Information and Protection of Privacy Act*. The information is protected under the Act.

I further understand that accommodations or services I receive are assessed to meet the access requirements while attending Kwantlen Polytechnic University and may not be appropriate at other postsecondary, secondary or workplace environments.

Student Signature

Date

cc: Student
Student's File