



University of Lethbridge
Accommodated Learning Centre B760

CONSENT FOR EXCHANGE OF INFORMATION ACCOMMODATED LEARNING CENTRE

I, _____ ID# _____

of _____

(Permanent Address)

(Postal Code)

(Phone Number)

Consent to the exchange of information between the **ACCOMMODATED LEARNING CENTRE**, at the **University of Lethbridge** and:

- Faculty/Instructors _____(Initials)
- University of Lethbridge Health Centre _____(Initials)
- University of Lethbridge Counselling and Career Services _____(Initials)
- Alberta Student Aid or student funding from my province of residence _____(Initials)
- Scholarship and Student Finance _____(Initials)
- Other: _____

(Specify)

This consent permits the Accommodated Learning Centre at the University of Lethbridge to disclose recommendations from disability related documentation for the purpose of facilitating academic accommodations, support and services relevant to my enrolment with the University of Lethbridge. I understand that Letters of Accommodation will be created outlining agreed-upon accommodations that are based on the disability related documentation I have provided. Information specific to my disability **will not** be disclosed by the Accommodated Learning Centre to faculty and/or staff.

Where the Accommodated Learning Centre is applying for grant funding on my behalf, I consent to disclose the information necessary, including disability verification documentation, to obtain funding and support for my academic needs.

I understand that any professional consultation will be for the purpose of ensuring equitable access to learning opportunities and campus experiences. I understand that any discussion or documentation exchanged will be held in confidence by both parties.

This Consent for Exchange of Information is valid for the duration of registration with the Accommodated Learning Centre and enrolment with the University of Lethbridge. I, the student, may rescind or amend this authorization in writing at any time except where action has been taken in reliance on the authorization.

Student's Signature

Date

Accommodated Learning Centre

Date

CONFIDENTIALITY STATEMENT

The information contained on this form and on other documents and materials, is collected and used for the purpose of assisting registered students with the Accommodated Learning Centre in receiving academic accommodations. Ordinarily, information about my registration and activities related to interactions with the staff of the Accommodated Learning Centre will remain confidential and any personal collected about me will be safeguarded.

Information will be released only with my written and informed consent including the purpose for the information being released except for the following circumstances:

- If staff employed with the Accommodated Learning Centre believes that I may be in clear and imminent danger to myself or another person.
- If staff employed with the Accommodated Learning Centre becomes aware of suspected child abuse or neglect as per the Alberta Child, Youth and Family Enhancement Act (2005).
- If there is an order of a court of competent jurisdiction requiring the disclosure of University of Lethbridge files.

In such exceptional cases, the Accommodated Learning Centre Manager will inform the proper authorities, University of Lethbridge administration and family members or others, dependent upon circumstances and as is appropriate exercising professional consideration.

Student's Signature

Date

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta *Freedom of Information and Protection of Privacy Act* ("Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of determining eligibility for and administering of the programs and services offered through the Accommodated Learning Centre. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.