University of Lethbridge

# THE ALC - ACCESSIBLE LEARNING CENTRE

## CONSENT FOR EXCHANGE OF INFORMATION

I, _____ ID# _____

of _____

(Permanent Address) (Postal Code)

_____

(Phone Number)

Consent to the exchange of information between **THE ALC - ACCESSIBLE 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)
- □ Emergency Contact: Full Name: _____ Phone:_____ _____ (Initials)
- □ Other: _____ _____ (Initials)

(Specify)

This consent permits The ALC - Accessible 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 ALC - Accessible Learning Centre to faculty and/or staff.

Where The ALC – Accessible 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 ALC – Accessible 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***

_____ _____

***Accessible 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 ALC - Accessible Learning Centre in receiving academic accommodations. Ordinarily, information about my registration and activities related to interactions with the staff of The ALC - Accessible 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 ALC - Accessible Learning Centre believes that I may be in clear and imminent danger to myself or another person.
- If staff employed with The ALC - Accessible 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 ALC - Accessible 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***

PRIVACY STATEMENT - The personal information collected on this form is for the purpose of assisting registered students with The ALC - Accessible Learning Centre in receiving academic accommodations. This collection is authorized by section 4(c) of the Alberta Protection of Privacy Act (POPA). The University of Lethbridge uses automated systems to generate content and make decisions, recommendations and predictions. The personal information collected may be included in these automated systems. For questions about the collection of personal information, contact the Privacy Officer, University of Lethbridge, 4401 University Drive West, Lethbridge, Alberta, T1K 3M4, privacy@uleth.ca, or 403-332-4620.