

AccessAbility Services - University of Waterloo
Needles Hall North, Room 1401
200 University Avenue West, Waterloo, ON N2L 3G1
Phone: 519.888.4567 ext. 35082. Fax: 519.746.2401
Website: uwaterloo.ca/accessability-services | E-mail: access@uwaterloo.ca

PERMISSION TO DISCLOSE INFORMATION FORM (OPTIONAL)

Your privacy and confidentiality are important to us. We do not share information about your disability diagnosis with anyone internal or external to the University of Waterloo without expressed written consent from you. **Note:** There are certain situations where your personal health information may be disclosed without consent. More information is available on the [Confidentiality and Disclosure of Information](#) web page.

Complete the form below if you would like AccessAbility Services to share confidential information with, or receive confidential information from, a specified individual or organization to design, implement, and facilitate your accommodation plan. Examples may include a parent or spouse, UWaterloo Campus Wellness, a family physician, etc.

STUDENT INFORMATION (PLEASE PRINT)	
First and Last Name:	
Student ID Number:	
UWaterloo Email address	@uwaterloo.ca

I consent to AccessAbility Services sharing confidential information with, or requesting confidential information from (written or verbal) the following individual(s) or organization(s):

Campus Wellness, University of Waterloo
Sexual Violence Prevention and Response Office, University of Waterloo
Office of Equity, Diversity, Inclusion and Anti-racism
Other (please specify):

First and Last Name:

E-mail Address:

Phone:

Location: Internal (On-campus) External (Off-campus)

The information disclosed may include:

Verifying my registration status with AccessAbility Services
Information about my accommodation plan (including my eligible accommodations, supports and services)
Obtaining my clinical and/or medical records
Clarification of medical/clinical information and associated functional limitations
Other, please specify:

The information is being disclosed for the purpose of:

Coordinating services
Designing, implementing, and facilitating my academic accommodation plan
Other, please specify:

By signing below, I consent to AccessAbility Services sharing confidential information with or requesting confidential information from the individual(s) or organization(s) named above. I have read and understood the information and give my consent willingly. **Note:** This consent will cover your entire academic career at the University of Waterloo. Consent can be withdrawn at any time by contacting AccessAbility Services.

Student Signature:	Date (MM/DD/YYYY):
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