

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, University of Waterloo
- 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 Consent can be withdrawn at any time by contacting AccessAbility Services.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 Signed (DD/MM/YYYY): _____
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