



The Learning Centre – Accessibility Services
 Rooms 114, 115, 124A Classroom Building
 14500 Bannister Road SE
 Calgary, AB T2X 1Z4
 403 254 3704
access@stmu.ca

ACCESSIBILITY SERVICES CONSENT FORM

STUDENT INFORMATION

First name:	Last name:
Legal name (if different from above):	StMU Student number:
Date of Birth:	Phone number:
Email:	Preferred contact method:

ACADEMIC INFORMATION

Major/Program:	What year of your program are you in?
If you were referred to the Learning Centre, who referred you?	Have you attended a post-secondary institution before? If so, which, and did you access academic accommodations at that institution?

DISABILITY / MEDICAL CONDITION

Has documentation of disability provided? Yes Requested

If you have used any academic accommodations in the past, please list the accommodations you have used here:
If you have used or currently use any adaptive technologies (e.g. text-to-speech), please list them here:
If you have used any other supports or services (e.g. Learning Strategist, Tutor), which did you find helpful?
Why are you seeking assistance from Accessibility Services?

TERMS OF CONSENT

1. **This Consent form is valid throughout your studies at St. Mary's University and can be cancelled at any time by providing a written notice to the Academic Access Coordinator.**
2. All information in your file is confidential, however, limits to confidentiality include: risk of harm to self or others or the abuse of a child or dependent adult. Your file may be subpoenaed by a court of law.
3. Only your specific Student Accommodations will be shared with your current and future professors in a confidential document. Accommodations related to exams may be also shared with the Registrar's Office. No information regarding your disabilities will be included.
4. There are also situations where staff and faculty at St. Mary's outside of the Learning Centre may require limited information to clarify your accommodations or determine eligibility for grants, bursaries, services, or other supports. The exchange of information about you between the Learning Centre and other units at St. Mary's University includes information pertaining to **accommodation**-related information only; it does not include sharing personal, medical or disability-specific information.
5. If more than one person in the Learning Centre is involved in providing you with services and support, it may be important for them to share limited information in order to provide you with quality and timely service. The exchange of information about you within the Learning Centre includes only those members of the Learning Centre who are directly involved in providing services to you and occurs on an "as-needed" basis only.
6. If there is a change of address or phone number please contact Enrolment Services as well as Academic Access Services as soon as possible to assist us in keeping your file current.
7. If you require on-going support from Academic Access Services, it is your responsibility to contact our office well in advance of the service required, including booking your accommodated exams (if needed).
8. **By signing here you agree to the statements above and request the Academic Access office to access your course registration schedules in order to provide your professors with official academic accommodation letters:**

Student's Signature: _____ Date: _____

I consent to information from my Academic Accommodation Services file being used for research and evaluation purposes. This information will be confidential and will be used anonymously. Grouped data (no individual responses) will be used in reports, academic presentations or publications.

Yes No

Student's Signature: _____ Date: _____

PERMISSION TO SPEAK TO: (please fill this section out only if you would like us to confer with your parent, guardian, STMU counselling office, or anyone else you name regarding your accommodations or needed support. This consent can be retracted at any point in writing)

I give permission for staff from Academic Access Services to speak with _____,
_____ about my accommodations or needed support.

Student's Signature: _____ Date: _____

PLEASE NOTE:

This information is collected under the authority of the Alberta Personal Information Protection Act and it is required to determine and implement appropriate academic accommodations.

If you have any questions about the collection or use of this information please contact Academic Access Services at access@stmu.ca or 403 254 3704. This release is valid throughout your studies at St. Mary's University and can be cancelled at any time by providing a written notice to the Academic Access Coordinator.