

Accessibility Services

Consent for Release of Information

By signing below, I understand that information pertaining to my disability and student record will only be shared on a *need to know* basis to coordinate services that support my participation in educational activities at Vancouver Island University (VIU).

Personal information regarding a student's disability is collected, used, disclosed, secured and disposed of in accordance with the BC Freedom of Information and Protection of Privacy Act (FIPPA) and other relevant legislation.

In accordance with provincial legislation such as BC FIPPA, the Child, Family and Community Service Act, or other relevant legislation, Accessibility Services has a duty to report incidents that relate to:

- a) The threat of harm to self or others
- b) Child abuse or neglect
- c) Court subpoena

I acknowledge that it is my responsibility to ensure that information submitted to VIU Accessibility Services is current and accurate.

I give permission to VIU Accessibility Services to exchange, when necessary and appropriate, information regarding my disability and accommodations with VIU personnel who are involved with my educational plan and service provision including:

- Student Affairs personnel
- Instructors
- Financial Aid
- Information and Technology Services

I give permission to VIU to exchange, when required and appropriate, information regarding my disability and educational progress, including verification of enrolment with:

- Student Aid BC, Ministry of Advanced Education
- Assistive Technology BC (AT BC)
- Public Post-Secondary Loan Bank Services
- Community Agency/School District representative: _____
- Medical practitioner: _____
- Parent or other (please specify) _____
- Vancouver Island University's Residences

I understand that this consent can be revoked at any time, by notifying the record holder in writing, except to the extent that disclosure made in good faith has already occurred.

Student Name: _____ Student Date of Birth: _____
(please print)

Student Signature: _____

Witness Signature: _____ Today's Date: _____