

STUDENT CONSENT TO RELEASE INFORMATION

Student Accessibility Services (SAS) will review the information submitted for consideration on the basis of disability. SAS will then forward their determination of eligibility to the Office of the Registrar.

Please fill in the form below to ensure timely processing of your application.

First Name: _____ Last Name: _____

Date of Birth: _____ (DD/MM/YYYY) OUAC ID Number: _____

Ontario Tech U
Student Number: _____

I hereby give permission for the following:

- Office of the Registrar to provide Student Accessibility Services with all information pertaining to my application; and
- Student Accessibility Services to review all documentation submitted as consideration on the basis of disability and to communicate relevant information regarding my eligibility for special consideration to the Office of the Registrar.

I understand that all information will be reviewed and maintained in accordance with the Freedom of Information Protection of Privacy Act.

Applicant Signature

Date (DD/MM/YYYY)