



## Consent Form – Accessibility Services

I, \_\_\_\_\_ give my consent for the release and exchange of personal and/or confidential information below.

This information is to be utilized by the Accessibility Services Coordinator, College of the North Atlantic, \_\_\_\_\_ Campus, and his or her designate, in order to assist me in my educational program.

It has been explained to me, and I understand, how disclosing information about my disability is likely to be beneficial to my educational program. However, I also understand that I have the right to decide to whom I will or will not disclose. With that understanding, I authorize the Accessibility Services Coordinator and his or her designate to discuss my disability and accommodations as follows (please check off those which apply):

- CNA Instructors, Instructional Assistants and/or Program Coordinators
- Resource Facilitator(s)
- CNA counsellor(s)
- CNA Administration (including Campus Administrator)
- Other Accessibility Services Coordinators within College of the North Atlantic
- Student Services Personnel
- DL
- Appropriate medical personnel
- Publishers
- Industrial Training
- High school personnel including Guidance Counsellors, principal, special services staff/IEP team
- Former university/college counselors and/or student services personnel
- Funding Agencies/Canada Student Loan (specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

I also authorize Student Services and my current instructors at College of the North Atlantic to share my contact information and information on my grades and attendance records with Accessibility Services Coordinator and his or her designate.

I understand that I may withdraw or amend my consent at any time by notifying the College in writing. Telephone or e-mail requests to withdraw or amend consent will not be accepted.

I understand that all information pertaining to my file will otherwise be kept confidential, as is mandated by law.

This consent is valid from \_\_\_\_\_ (today's date) to \_\_\_\_\_ (future date), Unless revoked by me in writing.

\_\_\_\_\_  
Student/Applicant Signature

\_\_\_\_\_  
Accessibility Services Coordinator (or designate/RF)

*The personal information you provide to the College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy (ATIPP Act). Accessibility Services is collecting your personal information to complete an accommodation needs assessment in order to determine eligibility for services. It will only be used for these purposes and will only be disclosed to authorized College personnel. Questions regarding the collection of this personal information can be directed to the College's Associate Vice President of Student Services, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada A2N 2Z6, (709) 643-7835. [elizabeth.chaulk@cna.nl.ca](mailto:elizabeth.chaulk@cna.nl.ca)*