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Centre for Accessible Learning (CAL)
 Division of Student Affairs
 Campus Services Building

**University
 of Victoria**

Collection and use of Personal Information

The University of Victoria collects, uses, discloses and retains personal information only in compliance with the University Act and the British Columbia Freedom of Information and Protection of Privacy Act. The University of Victoria collects the personal information on this form pursuant to section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act.

The information provided in this form will be used only for the purposes of recording consent for the release of information on disability related academic accommodations. For a detailed listing of the types of personal information the University collects and the purposes for such collection see Schedule A, Procedures for the Management of Personal Information. Should you have any questions concerning your personal information, please contact the University Secretary's office at foipp@uvic.ca or (250) 472-4914.

As a condition of registering with the Centre for Accessible Learning (CAL), you are required to give your consent to the exchange of information about your required academic accommodations with your instructors and appropriate staff of the University of Victoria (Section A). If you wish to give permission to CAL to release information to other individuals or institutions, please complete Section B of this form as well.

This consent is considered valid for the duration of your study at the University of Victoria. You may withdraw or amend your consent at any time by notifying CAL in writing. Please refer to the University's Protection of Privacy policy (GV0235) for more information on the University's obligation to protect your personal information.

Name: _____ Student Number: _____

Phone Number: _____ Email: _____

A. Consent for Release of Information

I hereby give the Centre for Accessible Learning (CAL) of the University of Victoria permission to release information on disability related academic accommodations to appropriate instructors, academic and/or support staff and/or other student services at the University of Victoria. I understand that the University will make reasonable security arrangements to protect my personal information, and will only use and disclose my personal information in compliance with the University Protection of Privacy policy (GV0235).

Signature: _____ Date: _____

B. Consent to Exchange Information

I hereby give the Centre for Accessible Learning (CAL) of the University of Victoria permission to exchange information with (name, contact info, relationship to you):

on matters relating to my disability and the related need for academic accommodations. I understand that the University will make reasonable security arrangements to protect my personal information and will only use and disclose my personal information in compliance with the University Protection of Privacy policy (GV0235).

Signature: _____ Date: _____