



CONSENT TO RELEASE INFORMATION

I,

LAST NAME	FIRST NAME
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of

ADDRESS

hereby consent to the exchange of relevant information as outlined above between Student Wellness & Accessibility staff and any persons listed below who are involved in providing support or services to me:

<input type="checkbox"/>	INITIAL	any of my professors, instructors, teachers, tutors, or student success facilitators who need the information to provide accommodations to me;
<input type="checkbox"/>	INITIAL	a Dual Credit teacher or representative from my School Board, where applicable. Name: <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/> Email: <input style="width: 150px;" type="text"/>
<input type="checkbox"/>	INITIAL	any employee of the College who needs the information to provide accommodations to me;
<input type="checkbox"/>	INITIAL	any third party retained by the College who needs the information to provide services or accommodations to me (e.g., placement supervisor, regulated health professional);
<input type="checkbox"/>	INITIAL	Students Rights and Responsibilities Officer;
<input type="checkbox"/>	INITIAL	my parent(s), family member, and/or legal guardian(s): Name(s): <input style="width: 200px;" type="text"/> Phone: <input style="width: 100px;" type="text"/>

I understand that this consent to release information will be in effect while I am a student at St. Lawrence College. I understand that no information will be released to any other person outside of those involved in providing services to me, except where confidentiality is limited by federal or provincial statute. I understand that I may withdraw this consent at any time by making written notice to the Privacy Officer, or delegate who will then inform all involved members of this withdrawal of consent.

Student Signature:	Date (MM/DD/YYYY):
Parent/Guardian Signature <i>(if student is under the age of 18)</i>	Date (MM/DD/YYYY):
Witness Signature:	Date (MM/DD/YYYY):

St. Lawrence College maintains compliance with all privacy requirements; including the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Personal Health Information Privacy Act (PHIPA). The Privacy Commissioner of Ontario can be reached at 1-800-387-0037. If needed, this information will be made available in alternative format upon request to accessibility@sl.on.ca.