



COUNSELLING, WELLNESS + ACCESSIBILITY SERVICES
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CONSENT TO THE COLLECTION AND/OR DISCLOSURE OF INFORMATION

Under certain circumstances, the collected personal information may be subject to disclosure as per the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

I, _____ of _____
NAME OF INDIVIDUAL ADDRESS

CITY PROVINCE POSTAL CODE

authorize Emily Carr University of Art and Design to (select all that apply):

- COLLECT** the following information:
 - Any documents deemed necessary for the purposes of providing accommodations; AND/OR
 - Specific documents listed below:

- DISCLOSE** the following documents listed below: (i.e. medical documentation, accommodation notice)

From/To:

NAME OF ORGANIZATION AND/OR PERSON

ADDRESS CITY PROVINCE

POSTAL CODE PHONE NUMBER

This consent is valid for (select one):

- One year from date of signature
 One time only
 Ongoing, while attending ECUAD

My consent can be withdrawn at any time, by notifying the University in writing.

SIGNATURE OF PERSON GIVING CONSENT DATE