



Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**Confidentiality Statement for Accessibility and Personal Counselling:**

I hereby give permission to Student Services at St. Clair College to collect personal information as part of the delivery of service. It is recognized that all information obtained by counsellors from students will be kept confidential. I understand that information may be shared within Student Services for counselling supports in order to provide effective and efficient service. This information may also be communicated to St. Clair College administration, appropriate professionals or public authorities under the following circumstances:

- When there is a clear and imminent danger to an individual or society.
- When there is suspected child abuse or neglect involving a child under the age of 16.
- When required by law as part of an investigation or court proceeding.
- When required by a College policy to report imminent risks including but not limited to concerns pertaining to domestic violence or sexual assault.
- When required to report instances of harassment or abuse by a member of a professional association in accordance with the guidelines of the regulated profession.
- For the purpose of risk management/legal proceedings involving St. Clair College.
- When there is expressed consent to permit appropriate information to be used in a professional manner.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Use of Email:**

I also agree to allow Student Services to e-mail my College e-mail account any relevant information, resources, or follow-up surveys related to my involvement with Student Services.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

### **Consent to Collect and Release Information:**

I hereby give permission to Student Services at St. Clair College to collect personal information regarding my educational and medical history. I understand that information may be shared within Student Services for counselling and accessibility supports in order to provide effective and efficient service.

With regards to accessibility services, I recognize that in order to determine appropriate services and/or accommodations, it is necessary that I provide accurate, current, and official documents related to my disability in a timely manner.

I give permission to Student Services at St. Clair College to provide a copy of my Accommodation Plan to the appropriate professors, instructors or chairs of my program, every semester for the duration of my studies.

I give permission to Student Services to communicate with my professors, instructors, chairs/deans, program coordinator, and/or the Student Retention & Academic Advising Department when appropriate for the purpose of:

- clarifying accommodations.
- assistance in resolving issues.
- advocating on my behalf.

I understand that it is considered academic misconduct to knowingly falsify, misrepresent, or forge documents—*St. Clair College, Code of Student Rights & Responsibilities, Article 7.1.6.1 – 5f.*

I understand that it is my responsibility to notify Student Services of the following:

- Should there be changes in my disability needs or my accommodation plan needs to be amended.
- Changes that would affect the distribution of my Accommodation Plan (including adding new courses, changes related to faculty, program or withdrawing from the program).
- Should I require accommodations for field placement or work experiences.
- Should I discontinue the use of my accommodation plan.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_