EMILY CARR UNIVERSITY OF ART + DESIGN

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My consent can be withdrawn at any time, by notifying the University in writing.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