

Queen's Student Accessibility Services Third Party Consent Form

Student Information (Consenting Individual)

Student Name _____

Queen's Student Number _____

Queen's Email Address _____

Third Party Information

Contact Name _____

Relation to Student _____

Email Address _____

Phone Number _____

Granting Consent Duration

- ☐ End of current Academic Term (Fall = Dec 31; Winter Apr.30; Spring/Summer Term = Aug. 31)
- ☐ End of current Academic Year (Aug. 31)
- ☐ Indefinitely
- ☐ Consent granted until Date: _____

Withdrawing Third Party Consent

- ☐ I hereby withdraw my consent for the release of information to the Third Party Contact listed above, effective immediately.

Student Declaration

- I consent for Queen's Student Accessibility Services (QSAS) to release information to the above-named third party.
- I understand that I can withdraw/reinstate this consent at any time I wish by contacting qsas.intake@queensu.ca.

I hereby authorize QSAS to share information related to the following:

- ☐ Accommodation
- ☐ Medical Documentation including diagnosis
- ☐ Functional Impacts
- ☐ Communication with Instructors
- ☐ BSWD Funding

Student Signature

Date