APPEAL FORM CONSENT

Date:_____

I_____, request that you release information to

(Student Name)

_____,

(Student Number)

_____ and/or the pertinent Faculty Office, regarding

(Faculty / Department)

my academic performance and related health influences.

Reason for Appeal (brief outline):

_____

_____

_____

*Please include a copy of your Appeal Letter to Faculty with details of your request.

Appealing: Exam _____ Semester _____

Mark_____ Other _____(specify)

I am aware that providing the requested documentation in no way guarantees that accommodation will be provided.

Please keep in mind that this request may not provide information necessary for Physician / Counsellor to complete your request for Appeal and an appointment may be necessary with Student Wellness services provider.

_____ _____

Student signature Witness signature

_____

Witness name