TRENT UNIVERSITY
Student Wellness Centre
COUNSELLING | HEALTH | ACCESSIBILITY

Student Accessibility Services
1600 West Bank Dr.
Suite 132 Blackburn Hall
Peterborough, ON K9L 0G2
T: 705 748 1281 | F: 705 748 1509
E: sas@trentu.ca

Consent to Disclose Personal Information

Name: _____

Student Number: _____ Date of Birth: _____

I hereby authorize Trent Student Accessibility Services (SAS) to disclose information relevant to the administration of my academic accommodations and support services (as specified below) to the individual and/or organization listed below.

Person/Organization Authorized to Receive Information

Name: _____

Role/Relationship: _____

Contact Information: _____

Information to be disclosed by SAS (please specify):

Purpose of Disclosure

This information is being disclosed for the following purpose: _____

Conditions of Consent

- I understand that I may withdraw this consent at any time by providing written notice, subject to any action already taken in reliance on it.
- I understand that only the information necessary for the stated purpose will be disclosed.
- Once disclosed, the information may no longer be under the custody or control of Trent University and will be managed by the recipient in accordance with applicable legislation and policies.

Signature: _____

Name (print): _____

Date: _____

This consent expires on the _____(day) of _____ (month), _____ (year).

Revised July 2026