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 Obtain Personal Information

Name: _____

Student Number: _____

Date of Birth: _____

I hereby authorize _____
(*name of clinic/health care provider/organization where information is being held)*
to disclose my personal health information as outlined below to Trent Student Accessibility Services. This consent is provided pursuant to Personal Health Information Protection Act, 2004 (Ontario) (PHIPA). Information may be shared via fax, mail, or secure e-mail.

Information to be released to SAS (please specify):

Purpose of Disclosure

This information is to be used for the assessment and determination of eligibility for academic accommodations and related support services.

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.

Signature: _____

Name (print): _____

Date: _____

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

Revised July 2026