



## Centre for Students with Disabilities Application for Services

Student Name:		Student ID #:			
Contact Number:		Email: <small>(Retrieved from / aligned to Banner)</small>			
Address:					
Postal Code		Date:			
Are You Currently Attending Classes At Douglas College?			Yes		No
Program:		Campus:	New Westminster		
			Coquitlam		
Starting Semester / Year:		Returning Student:	Yes		No
FIPPA section signed?			Yes		No
Self-report disability:					
Documentation Attached?			Yes		No
Action required by student:					
Additional Information:					
			Facilitator Initials:		



**Freedom of Information and Protection of Privacy**

The information on this form is collected and managed according to the B.C. Freedom of Information and Protection of Privacy Act and Douglas College policy. It is related directly to and is needed by the College for the provision of services to Students with Disabilities. The information will be used as the basis for contact information in CSD. In order for the College to provide you with disability related services we may need to discuss and share your personal information internally within CSD, and with other parties, such as Assistive Technology BC, the Student Services branch of the Ministry of Advanced Education, Douglas College Student Services, or various College departments, faculty and/or service providers. All personal information collected, used and shared by these parties is treated confidentially. If you have any questions about the collection and use of this information, please contact the Director, Student Affairs and Services, 604-527-5043.

In addition to the personal information collected on this form, CSD may need to collect, use and share additional personal information about you from your health care practitioner (e.g., physicians, psychologists), or government agencies (e.g., AT-BC, Ministry of Advanced Education). These persons or organizations are authorized to disclose such information. The personal information collected from these persons or organizations relates specifically to the disability and services or equipment required to accommodate the disability. This information is collected and used for the purposes of implementing or facilitating your accommodation request.

By signing below, I agree to the terms and conditions of CSD services and authorize the CSD Faculty and Student Services Staff to collect, use and share personal information about me as noted above. I understand that failure to agree and give my authorization will result in the inability for the CSD to adequately provide services or academic accommodations required by my disability.

Student Signature:		Date:	
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<b>This area is for internal use only. This area to be completed by CSD Faculty.</b>			
CSD Faculty Initials:		Date:	