

Objective of this request

This request for consent seek to permit the exchange of information between the representatives of Cégep à distance, Collège Rosemont and partner Colleges that will work in collaboration to offer you continuous, personalized and complementary services. For this to be possible, they need access to information to better understand your situation and thus be able to respond to your specific needs.

I consent to the transmission of the following information to an authorized representative	Your disability	A summary of your need
Teachers, Tutors, Program managers, Office clerks from Student Accessibility Centre, Academic advisor(s), Education advisors from the Tutoring Services, Registrar and Associate Director of Cégep à distance	✓	✓
Others : Ministère de l'Éducation et de l'Enseignement supérieur (MEES) for the Ministerial Examination of College English (English Exit Exam)	✓	✓
Alliance Sport-Études : Academic Success Counselors (if applicable)	✓	✓
LHJMQ: Team's Academic Advisor (if applicable)	✓	✓
Parents :		

Student's name : _____

Permanent code : _____

Student's signature: _____ Date : _____

Name of legal guardian of the student (if applicable) : _____

Signature of legal guardian of the student (si applicable) : _____

Student's proof of identity
Place a valid identity card with signature in this box
(provincial health card, driver's licence or other government-issued identification card)

Reserved for use by Cégep à distance

Name of Adapted Services Counsellor: _____

Signature : _____ Date : _____

¹ You may revoke this authorization at all times by sending us a written advisory.