

AUTHORIZATION TO TRANSMIT Information related to my disability

As part of my application for admission to Cégep à distance, I declared that I needed adapted services.

The information in **Student information** section is mandatory prerequisites for Cégep à distance and Collège de Rosemont's Student Accessibility Centre to process your registration with the SAC. This information remains confidential and will only be used for the purpose of evaluating your request.

STUDENT INFORMATION

Last name: _____ First name: _____
 Permanent Code: _____ E-mail: _____
 Name of legal guardian (if applicable): _____

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

CONSENT

I, the undersigned, understand that in conformance with the applicable laws, Cégep à distance requires my authorization to transmit personal information about me that is required to respond to my specific needs.

Representatives authorized to receive information about (in addition to my last name, first name, permanent code and e-mail)	Your disability	A summary of your needs
Tutors, Student Accessibility Centre's office clerks and Counsellors, Academic advisor(s), Education advisors from the Tutoring Services, Registrar and Associate Director of Cégep à distance	✓	✓
Alliance Sport-Études: Academic Success Counselors (if applicable)	✓	✓
LHJMQ: Team's Academic Advisor (if applicable)	✓	✓
Examination centre (if applicable)		✓
Parents:		

This consent is valid for the duration of my studies at Cégep à distance.

I understand that this consent can be modified or withdrawn at any time. To do this, I must inform a representative of Cégep à distance.

Handwritten signature: _____ **Date:** _____

Handwritten signature of legal guardian of the student: _____ **Date:** _____
 (if applicable)