

**ACCESSIBILITY SERVICES OFFICE
UNIVERSITY OF TORONTO / ST. GEORGE CAMPUS
AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

University of Toronto (St. George Campus) abides by the Confidentiality of Student Records policy, which protects the privacy of personal information held on student records. This policy is supported by the **Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31** <https://www.ontario.ca/laws/statute/90f31>

In compliance with the Freedom of Information and Protection of Privacy Act, University of Toronto (St. George Campus) cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

PLEASE PRINT CLEARLY

I _____
Name of Student

give my consent to University of Toronto (St. George Campus) to release the following information:

(Provide a description of documentation to be released, e.g. accommodations, registration information, medical documentation, etc.)

as requested, to:

Enter the Name(s) and Organization/Agency that this information will be released to

Parents/Legal Guardians: Mother Father Spouse

Other: _____
Please Specify

For the purpose of:

Indicate the purpose for releasing your records to the above-noted individual(s)

I am aware that this authorization is valid for a period of time commencing today and terminating one year after my graduation or after discontinuance of studies at the University. I will inform the Accessibility Services office in writing should I decide to withdraw my consent at an earlier date.

Signature _____ Date _____

Student Number: _____ Program: _____

Witness: _____ Date: _____

**EMAIL SUBMISSION PREFERRED – CITE 'RELEASE OF INFORMATION' IN SUBJECT
LINE. PLEASE RETURN TO:**

Accessibility.Services@utoronto.ca
University of Toronto- St. George Campus
455 Spadina Avenue, 4th floor, Suite 400
Toronto ON M5S 2G8

OR FAX TO: 416-978-5729