

Date received _____

**COLUMBIA COLLEGE
DISABILITY SERVICES
DISABILITY SERVICES REGISTRATION/CONSENT FORM**

Student Information:

Last Name: _____ First Name _____ Student ID# _____

Date of Birth: _____ (Year/Mo/Day) Email: _____

Phone #: _Home _____ Alternate _____

Best Time to call you: Morning Afternoon Evening

Academic Information:

Program _____ Full Time Part Time

Disability/Limitation:

Name of disability/limitation _____

___ Permanent disability/limitation ___ Temporary disability/limitation Date of Diagnosis _____

Academic Accommodation Requested:

Consent for Service:

Registration with Columbia College's Disability Services is required in order to access accommodations and/or support services. Accommodations are for your own disability/limitation, and not for absences unrelated to a disability or family illness/issues. You may decide to discontinue your registration at any time. All information is kept confidential and will not be recorded on your transcript of marks. If you are at risk to harm yourself or others, the College is obligated to inform appropriate support resources.

Student's Signature _____ Date _____ (Year/Mo/Day)

Consent reviewed with: _____ (Signature of Disability Advisor)

Permission to Speak to:

I give permission for staff from Disability Services to speak with _____

_____ about my accommodations and/or support services.

Student's Signature _____ Date _____ (Year/Mo/Day)

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) and Personal Information Protection Act (PIPA). It is required to determine and advise on appropriate accommodations. If you have any questions about the collection of this information, please contact Disability Services at (403) 235-9300 or disabilityservices@columbia.ab.ca.