



CONSENT TO RELEASE/RECEIVE PERSONAL OR CONFIDENTIAL INFORMATION 2022

Accessibility Services requires documented health information relating to the circumstances of your health condition or disability to provide relevant services to support your studies. To protect your privacy, Accessibility Services retains registration documentation under strict and secure conditions that are accessed by Accessibility Service staff only. Accessibility Services may occasionally communicate with academic and other student services staff for the purpose of providing you with the most appropriate support services and/or adjustments.

Relevant University staff may include Course Chairs, Unit Coordinators, Course Managers,

Lecturers, TAFE Educators, Learning Adviser (if applicable).	rs and the Assessment and Examination Unit
I, (insert full name)	Student ID:
Authorise Accessibility Services to communi	cate with relevant University staff.
I give permission for Accessibility Services personnel to contact and/or to be contacted by relevant medical or health professionals to seek further information or clarification in relation to the information I have provided regarding my health condition or disability. I understand that this authority is valid for the entire duration of my enrolment at VU and that I can revoke this consent at any time by contacting Accessibility Services.	
Consent and confidentiality issues have been explained to me and I understand that if I do not agree to release this information, it may hinder the ability of Accessibility Services to assist me. I also agree for my student number only, with no other identifying information, to be released to the Department of Education and Department of Social services for funding purposes only.	
Students Signature:	Date:
Please Note: Your signature is required so your behalf.	that Accessibility Services can act on
Victoria University complies with both the Victorial Records Act 2001 and the privacy principles contained Privacy Policy which can be accessed at	

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