



DISCLOSURE AGREEMENT

Accessibility Services

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

E accessibility@bcit.ca T 604.451.6963

BACKGROUND

BCIT students and prospective students who ask Accessibility Services for accommodation for a disability under BCIT’s Policy 4501 on Accommodation for Students with Disabilities (“Policy”) must enter into and comply with a Disclosure Agreement.

AGREEMENTS

By signing this Agreement, you:

- (a) agree to provide current supporting documentation and personal information to Accessibility Services, as described in Part 5.1 of the Policy, including any documentation or information requested by Accessibility Services to enable Accessibility Services to properly assess your request for accommodation
- (b) authorize BCIT administrators, faculty, instructors, and staff to disclose to Accessibility Services (directly, or through the applicable Associate Dean) any documentation or information requested by Accessibility Services that is relevant to your request for accommodation, to enable Accessibility Services to properly assess your request
- (c) authorize Accessibility Services to disclose personal information about you to service providers, and/or BCIT administrators, faculty, instructors, and staff, to the extent Accessibility Services considers it necessary to properly assess your request for accommodation, or to provide you with accommodation (information that may be disclosed by Accessibility Services to service providers or BCIT personnel may include, for example, medical documentation, learning disability or neuropsychological assessments, occupational therapist assessments, and Individual Accommodation Plans)
- (d) agree that information about you that is provided to Accessibility Services in connection with your request for accommodation:
 - > may be used to assess your request, or to provide you with accommodation
 - > will be kept confidential and will not be disclosed to anyone, except as provided in this Agreement or under the British Columbia *Freedom of Information and Protection of Privacy Act*, or as you may otherwise agree
- (e) agree Accessibility Services may compile, use, and disclose information about your accommodation request which does not identify you personally, for the purposes of program planning and evaluation, service delivery, and research

You also agree to the following (specify any additional terms agreed to):

PLEASE READ CAREFULLY BEFORE SIGNING

Name of Student or Prospective Student	Student No.
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I have read and understand this Agreement, and agree to its terms.

Signature	Date (DD-MMM-YYYY)
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Distribution: **WHITE** – Accessibility Services (Directory of Records 3565-40); **PINK** – Student