



Accessibility Services Student Affairs
250-746-3509
accessibilityservices.cowichan@viu.ca

Date: _____

Accessibility Services Confidential Intake

First Name _____ Last Name _____
VIU student number _____ Date of Birth dd/mm/yy _____
Email _____ Phone # _____

VIU program or area of interest _____

Enrolled in courses at VIU Applied to VIU (not enrolled in courses) Prospective (not applied)
 Cowichan Campus Nanaimo Campus Powell River Campus
 Canadian citizen Permanent Resident Protected person/refugee OR International
Do you identify yourself as an Aboriginal person? First Nations (status, non-status, treaty, non-treaty)
 Metis Inuit

Referred to Accessibility Services by: self instructor other: _____

Purpose of visit: _____

Please check box below indicating disability:

Hearing Physical Chronic Health Mental Health Vision Autism ADD
 Learning Disability Unknown

Do you have disability documentation/diagnosis? Yes No

Learning barriers/areas of difficulty _____

Prior academic accommodations:

Kurzweil note-taking recording extra exam time assistive technology

Other _____

Are you currently receiving Provincial student loans or grants? Yes No
 BC Other Province: _____

Will you be applying for a Student Loan? Yes No

Other funding? (Band, WCB, etc.) _____

See over, signature required ▶

CONSENT REGARDING COLLECTION & RELEASE OF INFORMATION

Your consent to exchange personal information is required as a condition of registration with Accessibility Services. This information is collected, used, disclosed, secured & destroyed in accordance with the BC Freedom of Information & Protection of Privacy Act.

Information will not be released without your signed consent, except under these circumstances:

- imminent threat or danger to self and/or others
- a person under the age of 19 needs protection from abuse
- we are ordered by a court or authorities to provide confidential information.

I hereby give permission for VIU Accessibility Services to exchange information regarding my accommodations and enrollment status with relevant VIU staff for the purpose of coordinating services.

I acknowledge that Director of Student Affairs/designate will have access to my file at Accessibility Services.

By signing below, I understand that my student number may be disclosed for the purpose of institutional research related to effectiveness, retention and graduation rates of VIU students.

I acknowledge it is my responsibility to ensure all information pertaining to my disability is current & accurate.

I understand that to rescind or amend this consent I must notify the record holder in writing

Signature: _____

Date: _____