**Student Services  
E:** [disabilitysupport@chisholm.edu.au](mailto:disabilitysupport@chisholm.edu.au)

**T:** 03 9212 5269

**DISABILITY SUPPORT**

**CONSENT FOR PROVISION OF INFORMATION FORM**

# PERSONAL DETAILS

Name:

Date of Birth:       /       /

Address:

Suburb/Town:       Postcode:

Campus:

Student ID (If enrolled):

# DECLARATION

I provide consent for the Disability Liaison Officer to have discussions with any of the following (please tick the appropriate box and supply the name/s) regarding my personal situation and course related details. This consent remains in place for the duration of my study at Chisholm:

Doctor        Family

Psychologist        Caseworkers      

Employer        Other

I further consent to the Disability Liaison Officer discussing my needs with my teachers or senior educators, as well as accessing my academic results, special provision status and other information, which may be relevant to my previous and ongoing studies and educational placement.

Name:       Date:       /       /

This form must be completed by the student seeking support from the Chisholm Disability Service. By completing this form and placing your name above, you are providing consent.

**Please note.** All Student Services staff members have a responsibility to ensure that information regarding clients is kept confidential unless clients are at risk of harming themselves or others, in which case appropriate people may need to be informed.

Student Services

Last updated: March 2018 Page 1 of 1