

**APPENDIX 1****Consent to Release or Obtain Information****CONSENT TO OBTAIN OR RELEASE INFORMATION****Tramble Centre for Accessible Learning  
Consent to Obtain /Release Information**

I, the undersigned, do hereby consent and agree that the **TRAMBLE CENTRE FOR ACCESSIBLE LEARNING STAFF** has the right to discuss my disability and the impact it has on my academic performance and personal life with \_\_\_\_\_ for the purpose of case management.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry date: \_\_\_\_\_