



DD/MM/YYYY

Student Name

Date of Birth

Student Number

Referral Source:	Funding Source:
Contact Numbers:	Program:
Permanent Address:	
Temporary Address:	
Residence information if applicable:	

Student Success at Loyalist College uses a team-based approach to support students. This team includes: AccessAbility, Counselling, Student Success Mentors, Peer Tutoring, the Indigenous Resource Centre, the International Centre and the Health Centre.

In order to support your learning and success, we may need to share information between members of our team. Only a minimal amount of information relevant and necessary to facilitate the respective intervention will ever be shared.

At times, it may be necessary to share information with Residence, Admissions, Financial Aid, Accounts Receivable, College Prep and faculty. This information sharing is governed by the same principles of confidentiality noted above.

Some students may wish to have their family/guardian and others involved in or aware of their support at the College. Do you consent to sharing information with the following?

Yes <input type="checkbox"/>	Initials	Family/Guardian Name and Relationship	Phone #
No <input type="checkbox"/>	Initials		

Yes <input type="checkbox"/>	Initials	Agency Name	Phone #



Your personal and medical information is CONFIDENTIAL and is governed by the relevant laws, legislation and codes protecting an individual's right to confidentiality. There are some circumstances where the law or College policy dictates the disclosure of this information without your prior written consent. These instances are noted below.

- a) When a Student Success staff member becomes aware that someone poses a risk of harming themselves or another individual;
- b) When a Student Success staff member, in their professional opinion, receives information that a child under the age of 16 is at risk of, or is being abused or neglected;
- c) When either health records or staff members are legally subpoenaed;
- d) When a Student Success staff member becomes aware of a threat to campus safety and security (weapon possession, fighting, stalking or other illegal behaviours).

By signing this consent form, you are agreeing to the terms outlined above. You may terminate this consent at any time by notifying the Director of Student Success in writing.

Please sign below to indicate that you have read, understand and accept this information about confidentiality.

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Student Signature

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Date

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Staff Signature

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Date