

Scan and email the completed form to access.utm@utoronto.ca or drop off the form in DV2037.

**Accessible Learning Services**

**Sheridan College**

**Confidential Information Form**

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F**irst Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_ **Gender: \_\_\_\_\_\_\_\_\_\_\_\_**

**Sessional Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of Toronto Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UTM Advisor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UTM Advisor’s Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Phone Number** | **May we leave a message?** |
| **Primary** 🔾Home 🔾Work 🔾Cell 🔾Pager  | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🔾 Yes 🔾No🔾Name and phone # only |
| **Alternate**🔾Home 🔾Work 🔾Cell 🔾Pager  | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🔾 Yes 🔾No🔾Name and phone # only |

**Disability Status:** 🔾Temporary 🔾Permanent

**With which areas do you need assistance?**

🔾 Chronic Health Problem (e.g. epilepsy, MS/MD/IBD/cancer)

🔾 Mobility/Functional Disability (e.g. CP/Polio/RSI)

🔾 Mental Health Condition (e.g. Depression/Bipolar/Anxiety)

🔾 Learning Disability or ADHD

🔾 Brain Injury (e.g. Concussion)

🔾 Sensory Disability (e.g. Hearing/Vision)

🔾 Autism Spectrum Disorder

🔾 Other – please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Sheridan Course Code** | **Lecture and Tutorial****Section(s)** | **Instructor** |
| **\*** |  |  |
| **\*** |  |  |
| **\*** |  |  |
| **\*** |  |  |

**Accommodations**

Please forward my contact information, academic accommodations and medical documentation/ psycho-educational assessment to Sheridan College Accessible Learning Services. I understand that my UTM Accessibility Advisor may need to supply additional information relating to the provision of my accommodations.

I understand that accommodation delivery may vary between UTM and Sheridan College and it is my responsibility to contact Sheridan College Accessible Learning Services, to meet with a Sheridan Advisor to confirm registration, discuss my accommodations and review their office procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date