

**University of Toronto Mississauga
Inter-Campus File Transfer:
Disability-Related Accommodations and Services**

Date: _____

Student Number: _____

Student Name: _____

Student UofT Email Address: _____

Student Cell Phone Number: _____

UTM Accessibility Advisor Name: _____

UTM Accessibility Email Address: _____

I am a student at: UTM

I have been accepted to transfer to: UTSC St. George

By signing this form I understand:

- A complete copy of my file will be transferred, including my documentation and record of accommodations, to the Accessibility Services office on the campus I have transferred to.
- In order to receive accommodation on the campus I have transferred to I must contact the appropriate Accessibility Services office to meet with an Accessibility Advisor to confirm registration, discuss my disability-related accommodation needs and policies and procedures.
- My current Accessibility Advisor may need to supply additional information relating to the provision of my accommodations to the Accessibility Services office on my new campus.
- This file transmittal can take up to two weeks.

Student Name (print please): _____

Student Signature: _____

Date Signed: _____

NOTICE ABOUT PRIVACY

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering accommodations for academic purposes based on medical grounds. The department will maintain a record of all medical certificates received. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5835.

Address: Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.