



## Intake Form- Dual Credit Students

To register for academic accommodations, please submit this intake form and supporting documentation for your disability to the Accessible Learning Services office at your campus. If you have a psycho-educational assessment or an Individual Education Plan (IEP) from high school, it must be related to a disability. Please contact [letstalk@georgebrown.ca](mailto:letstalk@georgebrown.ca) for further information.

Today's Date: \_\_\_\_\_  
(MM/DD/YYYY)

Student ID#: **1 0** \_ \_ \_ \_ \_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Female  Male  Another Gender Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET NAME & NUMBER/ APT NUMBER, CITY, PROVINCE AND POSTAL CODE)

Phone # 1: ( ) \_\_\_\_\_ Phone # 2: ( ) \_\_\_\_\_

TTY: ( ) \_\_\_\_\_ Home email address: \_\_\_\_\_  
(TELECOMMUNICATIONS DEVICE FOR THE DEAF)

Which is the best way to contact you?  Phone # 1  Phone # 2  Email  TTY

Emergency Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_  
(MM/DD/YYYY)

Dual Credit Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Campus \_\_\_\_\_

High School or School Board: \_\_\_\_\_

**Please check your disability type(s). You may check more than one.**

- Acquired Brain Injury  ADHD  Blind/Low Vision  Deaf/Hard of Hearing  Other/Unsure  
 Learning Disability  Medical  Mental Health  Mobility

## -STATEMENT of CONFIDENTIALITY-

*All information collected is **Confidential** as per Section 41(b) of the  
Freedom of Information and Protection of Privacy Act*

The staff in Counselling Services and Accessible Learning Services (Disability Services Office and Deaf and Hard of Hearing Services Office) of George Brown College agree to keep all information you share with us in strictest confidence subject to the provisions of the Freedom of Information and Protection of Privacy Act.

This Act imposes strict limits on the disclosure of information without your consent. However, we are obliged to disclose personal information when we become aware of child abuse, a situation where the individual presents a danger to self or others, or when required by law to do so (e.g. when we are subpoenaed and/or summonsed for records or testimony by a court or tribunal.) In addition, departmental verification processes include the sharing of disability status with the Financial Aid office and, as part of the Ministry of Advanced Education and Skills Development, we may be required to produce information during a Ministry audit.

## CONSENT REGARDING COLLECTION AND RELEASE OF INFORMATION NECESSARY TO PERMIT ACCOMMODATIONS

I hereby give permission to Accessible Learning Services at George Brown College to collect personal information regarding my educational and medical history relating to my disability.

I understand that in order for the College to determine and provide appropriate accommodations for me, it is necessary for me to provide all relevant personal information which I have concerning my disability to the College, including any assessments or reports which I have. Please note, students with a mental health disability are not required to provide a specific DSM diagnosis, rather they must have a statement from a registered healthcare professional confirming they have a mental health disability.

In order for me to receive my academic accommodations, it is necessary for me to consent to provide my accommodation profile to employees of the College or any third party retained by the College.

I, \_\_\_\_\_ have read the above statements and I understand their terms and conditions.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE – MM/DD/YYYY)

Accessible Learning Services	
Telephone – Local	(416) 415-5000 extension 2622
Toll Free	1-800-265-2002
Fax	416-415-2726
Email	<a href="mailto:letstalk@georgebrown.ca">letstalk@georgebrown.ca</a>

Visit us at Accessible Learning Services [George Brown Accessible Learning Services](#)