



**SAINT MARY'S**  
UNIVERSITY SINCE 1802

One University. One World. Yours.

**ATLANTIC CENTRE  
OF SUPPORT FOR STUDENTS  
WITH DISABILITIES**

Department Office  
T 902.420.5452  
F 902.496.8122

**CONSENT FOR RELEASE OF INFORMATION**

I hereby freely give my consent to \_\_\_\_\_  
(Atlantic Centre Counsellor)

To release the following information:

Information contained in my client files kept by The Atlantic Centre of Support for Students with Disabilities regarding the supports and services I accessed.

I release the above information confirming my disability to be sent to:

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

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

*\*This consent can be withdrawn at any time.*

\_\_\_\_\_  
(student signature)

\_\_\_\_\_  
(date)