



Accessible Learning Services Sheridan College Confidential Information Form

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

Date: _____

Last Name: _____ First 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 <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Pager	() _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Name and phone # only
Alternate <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Pager	() _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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	Instructor
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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