



# MENTAL HEALTH & WELLBEING & STUDENT ACCESSIBILITY SERVICES

SUBMIT ALL DOCUMENTATION TO: Office of the Registrar, Box 5002, North Bay, ON P1B 8L7; Fax: (705) 495-1772; E-mail: [petitions@nipissingu.ca](mailto:petitions@nipissingu.ca)

**RELEASE OF INFORMATION:** If you are receiving, or have received support through Mental Health & Wellbeing & Student Accessibility Services and wish to have information released in order to assist your petition request, please sign below. This will authorize the named Counsellor or Accessibility Consultant, or the immediate supervisor to release this information for the exclusive use of the Academic Appeals and Petitions Committee for this specific petition.

## SECTION I - TO BE COMPLETED BY THE STUDENT

Personal health information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed to support your academic petition to Nipissing University.

Pursuant to S. 29 of PHIPA (Personal Health Information Protection Act), I (the undersigned student) authorize and consent to the Counselor(s) or Learning Strategist(s) named on this form to disclose to the Nipissing University faculty and administrative staff authorized to administer and consider academic petitions such personal health information as is necessary or as may be reasonably required by Nipissing University to support my academic petition.

I understand that Nipissing University will maintain and store this information in such a manner as to protect its confidentiality.

The policy on confidentiality for Mental Health & Wellbeing & Student Accessibility Services prohibits the release of ANY information without the student's signed consent.

Student Information	
STUDENT NUMBER	NAME
STUDENT'S SIGNATURE	DATE

Return this completed form with your petition to Counselling & Student Accessibility Services.

## SECTION II - TO BE COMPLETED BY THE COUNSELLOR

Counsellor Information	
Counsellor's or Accessibility Consultant's Name	Telephone Extension
Counsellor's or Accessibility Consultant's Signature	
1) Summary re: nature of presenting issue(s) and effect on student's ability to study and perform:	

Consultation dates and period of time when student's performance was hampered:

Do you think this issue has seriously affected this student's ability to perform? Yes ☐ No ☐

Further comments:

**For Office Use Only**

Verified by: \_\_\_\_\_

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

If you have any questions about the collection, use or disclosure of personal information by Nipissing University, please contact the Office of Student Development & Services:

Manager, Mental Health & Wellbeing (705) 474-3450, ext. 4507  
Manager, Student Accessibility Services (705) 474-3450, ext. 4362