# Disclosing information: Consent form

You have disclosed information to [insert name of Department/College/other], which may indicate that you have a disability.

[Insert details of impairment or condition]

[Attach any documents evidencing your disability]

Subject to your consent, the information will be disclosed to the University’s Accessibility and Disability Resource Centre (ADRC) for the purposes of assessing reasonable disability-related support needs and for making decisions regarding adjustments that may reasonably be required in the circumstances. More detailed information about the role of the ADRC can be found at [About us | Accessibility and Disability Resource Centre (cam.ac.uk)](https://www.disability.admin.cam.ac.uk/our-role-and-purpose), which should be read before signing this consent form.

## Student’s consent

You are entitled to refuse consent to disclose the information to the ADRC. Given the important role that the ADRC fulfils for disabled students and applicants, refusing consent may mean that it will not be possible to make some or all of the reasonable adjustments that are required, or it may be possible only to implement alternative, less satisfactory adjustments.

Tick as appropriate, sign and return to [Department/College/other].

I consent to the information outlined above being disclosed to the University’s ADRC

I do not consent to the information being disclosed to the University’s ADRC

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| **Signature of student:** |  |
| Print name: |  |
| Date: |  |
| **Signature of recipient of information (member of College or University staff/other member of staff):** |  |
| Print name: |  |
| Date: |  |