



# STUDENT SERVICES

## DISCLOSURE FORM FOR DISABILITY RESOURCES TO CONSULT WITH STAFF EXTERNAL TO STUDENT SERVICES REGARDING SUPPORT ARRANGEMENTS

*The University of Southern Queensland is committed to ensuring the privacy of all information it collects. Information supplied to the University will only be used for the administrative and educational purposes of this institution. Personal information will only be disclosed to third parties with the written consent of the student or staff member concerned, unless otherwise prescribed by law. For further information, please see the University's Privacy Plan.*

Disability Resources requires specific documentation of your disability-related circumstances in order to provide appropriate services to assist you in your studies. The confidential information supplied by you is stored in a locked filing cabinet and/or an electronic database in Student Services and is only accessible to staff from the Service.

From time to time, Disability Resources Personnel may need to communicate with persons who can assist in meeting your requirements.

### Disclosure of Confidential Information Agreement

**I, (please print full name)**

..... Student ID: .....

hereby give permission for Disability Resources personnel in Student Services to communicate with relevant staff to assist me in negotiating and arranging supports and services during the course of my studies. This information may be conveyed verbally, in writing or electronically.

Please tick the appropriate box below:

- I give permission for Disability Resources Personnel to release the *name of my condition and its impacts on my studies* to **staff in my faculty or examinations team** at University of Southern Queensland
- I give permission for the Disability Resources Personnel to release only the *impact of my condition on my studies* to **staff in my faculty or examinations team** at University of Southern Queensland
- I do not wish for the name of my condition or its impact on my studies* to be discussed with staff outside of Student Services at University of Southern Queensland

Signed: ..... Date: .....

Please return this form to Student Services, USQ.  
Please retain a copy of this form as required for your records.

**Office use only:**

Received by:	Date:	Received from:
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