

Consent Release Form

Everything you discuss with a member of the Disability Service is treated as strictly confidential. However, in order for us to best support you, there may be times that we would need to discuss and share information about your disability and disability related needs with relevant parties.

Below is a list of people/companies we might want to contact during your time studying at the University of Bolton. If you are happy for the Disability Service support you in this way, please tick the boxes, sign and return the form. If you have any further questions, please contact us on disabilityinfo@bolton.ac.uk or 01204 903478.

Funding Bodies

University Staff

(E.g. Academic Tutors and Support Staff)

Medical Professionals, Diagnosticians and other relevant agencies

Suppliers and providers of Assessments, Support and Equipment

Family Member (Optional)

Name and Relationship to you:

Email:Telephone:

I also agree that if I am entitled to Disabled Students' Allowance and do not make reasonable efforts to apply for this, I may be liable for costs of support incurred which would have been paid for through Disabled Students' Allowance.

I (name)..... (Student Number).....
give permission for the Disability Service to provide the described support.

Signed Date

Return to: Disability Service, University of Bolton, Student Services, Deane Road, Bolton, BL3 5AB