

Health Services  
The Michener Institute of Education at UHN  
Authorization for Release of Information

I hereby authorize: **Accessibility Advisor at University of Toronto Accessibility Services**  
Name of facility or health professional releasing information

to release the following information: **Accommodation Assessment/Recommendations**  
Description of information to be released

To: **The Health Nurse at the Michener Institute or Education at UHN**  
Name and address of person / agency requesting information

from the records of \_\_\_\_\_  
Name of student Date of birth

\_\_\_\_\_  
Address of student

I understand that this information is to be used by the recipient for the purpose of  
**Accommodation Services**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Freedom of Information and Protection of Privacy Act, 1988 (FIPPA)  
Personal Health Information Protection Act, 2004 (PHIPA)  
The information on this form is collected under the legal authority of the Colleges and University Act, P.S.O. 1980, C272, sS; Regulated Health Professions Act, 1991, s36(1) for use by Health Services Staff. This information is used for administrative purposes.