

STUDENT REGISTRATION FORM

Student Accessibility Services (SAS)

Date: (mm/dd/yyyy) _____

STUDENT INFORMATION:

First Name _____ Last Name _____

Preferred Name _____

Pronouns: They/Them ☐ She/Her ☐ He/Him ☐ Other _____

OCAD U student number _____ Date of Birth: (mm/dd/yyyy) _____

OCAD U email address _____@ocadu.ca

Personal email address _____

Main phone number _____ Alternate phone number _____

Okay to leave messages at your main number? ☐ Alternate number? ☐

Street _____

City _____ Province _____ Postal code _____

Are you an international student? Yes ☐ No ☐

PROGRAM INFORMATION:

What type of program are you enrolled in?

Undergraduate ☐ Graduate ☐ Post-Graduate Certificate ☐ Continuing Education ☐

What is your program/major? _____

When did you start at OCAD U? _____

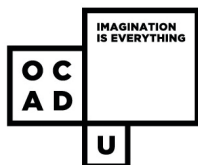
Will you be receiving:

OSAP ☐ ODSP ☐ WSIB ☐ RESP ☐ Other _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone Number: _____



Student Accessibility Services (SAS)

CONFIDENTIALITY & CONSENT FORM

Student Name: _____ Student #: _____

Date of Birth (MM/DD/YYYY): _____

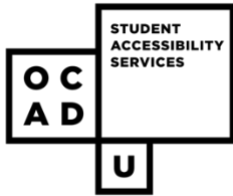
- I understand that as a student at OCADU, I am protected from discrimination under the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code and have a right to access academic accommodations as needed.
- Personal information collected by SAS shall be used for the purposes of developing, implementing, monitoring, and assessing my accommodation plan (including accessibility needs and services). Any information provided to SAS will be treated under strict rules of confidentiality according to OCADU policies and guidelines, the Freedom of Information and Protection of Privacy Act, and other legal requirements. SAS is part of a larger department called Student Wellness, and information may be shared within the department for the purposes of coordinating services.
- In order to support the provision of my accommodation plan, there may be times it is necessary to communicate with other OCADU staff and/or faculty. For example, information regarding the functional impact of my disability and my academic accommodations may be shared with course Instructors and/or program chairs/deans. Other OCADU departments may also require my information in order to determine eligibility for bursaries, services, and other supports. This communication will only occur on a need-to-know basis and does not include sharing personal, medical, or disability-specific information. Registration with SAS will not automatically appear on any official OCADU files including transcripts, myOCADU, Canvas, or degree documents.
- I understand that SAS must release information without consent only under the following circumstances:
 - Child abuse is reported or suspected
 - Sexual abuse by a regulated health care professional is reported
 - My records are subpoenaed by the courts
 - I report that I intend to harm myself or someone else
- I understand that my registration with SAS is voluntary and that I may discontinue my use of the service at any time.

I, (print name) _____, consent to registering with SAS and understand how my information will be used:

Student Signature: _____

Date (MM/DD/YYYY): _____

The consent provided on this form is valid for the duration of your time at OCAD University. Should you wish to add or rescind consent, please contact SAS – sas@ocadu.ca.



PRE-REGISTRATION QUESTIONNAIRE

Student Accessibility Services (SAS)

Please note that filling out this form is entirely optional. Your input is valuable and will be used by your Accessibility Advisor to facilitate an individualized registration process. If you choose not to complete it, feel free to use these questions to reflect upon in advance. These topics will be explored together during your registration appointment.

Full Name: _____ **Student Number:** _____

Briefly share why you are interested in registering with SAS.

Please share your learning strengths. This may include the learning strategies that work best for you, your learning style, and/or the areas of learning where you feel more confident.

Is there anything about your academic history that you would like to share? This may include previous experiences with academic accommodations (or IEP), instances of academic oppression, or any other relevant details you feel comfortable disclosing.

Is there anything else you would like to share that would be helpful for us to know in order to support you effectively in your studies? Additionally, if you have any questions at this time, please feel free to include them here.

Signature: _____

Date: _____
(mm/dd/yyyy)