

## Consent form for sharing of information

Information provided in Request Form for Reasonable Accommodations is handled and retained in strict confidence according to Nagoya University Rules on the Protection of Personal Information.

However, if consent is given by the applicant, the said information can be shared within the limits approved by the Central Student Life Committee as deemed necessary to provide appropriate reasonable accommodation. Please read the descriptions below carefully and indicate whether you agree with each item.

This consent is rescindable at any time until the information is shared with the third party.

- [ ] 1. To make an inquiry to a hospital, clinic, testing institute, etc. about necessary information regarding illness and/or disorder (diagnosis, symptom, treatment, medical history, etc.), hold a meeting, and receive the information, as well as to borrow a diagnostic image film and other records of examination, and request to issue medical certificate and document required by Nagoya University, regarding the applicant's illness and/or disorder.
- [ ] 2. To share the applicant's information with concerned faculty and staff (e.g., supervisor, tutor, class instructor, office staff at applicant's school/division of affiliation, etc.).
- [ ] 3. To share the applicant's information with a student(s) who registered as TA and/or RA.
- [ ] 4. To share the applicant's information with a student(s) who registered as Supporter of the Ability Support Center.
- [ ] 5. To share the applicant's information with other student(s) (e.g., students who take the same course, are in the same laboratory, etc.).

I have read the items above and understood them, and give consent to the checked items above regarding sharing of information.

Date

(YY/MM/DD)

Applicant' Name

(signature)

(print)