

Student Support Consent Form

De Montfort University takes its data protection very seriously and access to your personal information is subject to a confidentiality agreement.

Access to your information is limited by system permissions to only those academic and Professional Service staff who need access to this information in order to comply with their duties under the Equality Act 2010 – namely, put in place reasonable adjustments and support so that you have full access to all the academic and non-academic opportunities that the university offers to all of its students.

For our full policies on your privacy and your rights about data protection and General Data Protection Regulations (GDPR), please visit:

https://www.dmu.ac.uk/policies/data-protection/data-protection.aspx

Date of Birth	Student Number	
First Name	Surname	

Please tick below as appropriate:				
Dyslexia / Specific Learning Difficulties	Sensory Disability (Deaf/Visual Impairment)			
Autism / Asperger Syndrome	Mental Health Condition			
Pending Diagnosis	Medical Condition			
Other:				

I agree to De Montfort University processing personal data contained in this form or other data which the University may obtain from time to time from me or other people whilst I am applying to be a student/am a student. I agree to the processing of such data for any purpose connected with my declared disability and that this can be used to inform third parties as appropriate

Signed	Date		/		/	