

9TH FLOOR, 80 Bloor W Toronto, ON M5S 2V1 Canada

www.ibu.ca

Phone: 416-923-1111
Toll Free: 1-866-823-3111

## **Accommodation Request Form**

Note: This form is to be completed by the student with their advisor, with input as needed from healthcare professionals and/or subject matter expert(s).

Student #:
IBU Email:
ional
of the accommodation request:
alth (including pregnancy and breastfeeding) her human rights ground(s) (please specify):
ts used in plan development):
·····
g requested:



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Describe why the academic accommodation is required:
What is the time period/duration you expect will be needed for this academic accommodation?
Please provide any additional information that may be useful in processing your accommodation request. Please attach any relevant information/further pages if applicable.
Student Acknowledgement & Agreement Regarding Confidentiality:
I acknowledge that the personal information provided in relation to my academic accommodation request, including any supporting documentation, will be treated with the utmost confidentiality and will
not be disclosed to any third parties without my explicit consent. This information will be maintained
separately from my student file. I hereby give my consent for essential information to be shared with my instructor or other relevant individuals solely to the extent necessary to implement my academic
accommodations.
Signature:
Date ( MM/DD/YY):