



Dear Student

You have been given this letter because you have told a member of staff about a disability, additional requirement or medical condition.

The University of Bolton is committed to providing the best possible support for you and would like to provide you with information and guidance on how your studies can be supported.

This could be support during lectures/tutorials, additional support to complete assignments or tailored exam arrangements.

It is up to you whether you want to receive this information. The member of staff that you have disclosed to cannot pass on information to the Disability Service without your permission.

This is why you are going to be asked to sign the Disclosure form. Anything you tell the Disability Adviser will be treated as confidential and will not be passed on to anyone else without your permission.

We look forward to speaking to you soon.

Kind regards

The Disability Service

01204 903478

**Disclosure of a disability/additional requirement/medical condition to a member of staff by a University of Bolton student**

**Staff**

Please give the introductory letter to the student and then complete this form with the student and sign either part **a** or **b**, depending on which statement applies.

Send completed form to The Disability Service. You should give a copy of the completed form to your student and keep a copy for your own records.

Student Name \_\_\_\_\_

Student I.D No \_\_\_\_\_

Course \_\_\_\_\_ Year of Study 1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup>/ 4<sup>th</sup>/ 5<sup>th</sup>

Staff name \_\_\_\_\_

**Part A**

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I would like to receive information on how my studies could be supported at the University of Bolton.

Signed \_\_\_\_\_ (Student) Date \_\_\_\_\_

Signed \_\_\_\_\_ (Staff) Date \_\_\_\_\_

**Part B**

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I do **not** want the Disability Adviser to provide me with information on how my studies could be supported. If in time I do require help and advice, I will contact the Disability Adviser directly.

Signed \_\_\_\_\_ (Student) Date \_\_\_\_\_

Signed \_\_\_\_\_ (Staff)