



Academic Accommodation Center - College of the Canyons

Supplemental Student Consent Form

I, _____, Student ID # _____ extend to College of the Canyons, DSP&S counselors, and/or staff, my permission to discuss my current situation, history, and/or needs, as they relate to my academic status as a student at this institution, to the specific individuals named below. I also understand that I am free to revoke this consent at any time by notifying the DSP&S staff.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signed: _____ Date: _____

Email: aac@canyons.edu Phone: 661-362-3341 Fax: 661-362-5716

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