

The Learning Connexion

Student Consent to Confer

I agree that The Learning Connexion may contact the agencies/person named below to discuss my programme of study for the purpose of providing me with integrated services and coordinated care to best support my learning needs.

Contact Person:

Agency Name/Relationship:

Contact Number:

Contact Person:

Agency Name/Relationship:

Contact Number:

Student Name _____

Student Signature _____ Date _____

