



**Student Name** :

**Student ID Number** :

## **Named Person Consent Form**

### **Statement**

London Metropolitan University is committed to ensuring that all students have as equitable an academic experience as possible, and therefore endeavours to work with disabled students to support them during their time on campus.

In line with the Equality Act 2010 (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland), the Universities Disabilities and Dyslexia Service (DDS) will work with disabled students to identify support needs and make reasonable adjustments in order to provide a safe and welcoming environment, in which access to study facilities and student programmes & services is equal for all.

### **Terms**

Due to the confidential nature of our service and our legal obligations under the General Data Protection Regulations (GDPR), we are only permitted to communicate directly with the student, unless we have received explicit written consent from the student to communicate with a parent or named person.

Please can you complete this form and then sign it digitally (see next page).



## Consent

I give my consent for the Disabilities and Dyslexia Service to communicate with the individual/s noted below regarding my disability and support needs. I understand that I am free to withdraw this consent at any time by putting this in writing to the Disabilities and Dyslexia Service (DDS).

1st parent / guardian or named person:

Relationship to student:

Contact telephone number:

Contact email:

2nd parent / guardian or named person:

Relationship to student:

Contact telephone number:

Contact email:

**I confirm that I have read and agree with the above conditions.**

**Student Signature:**

**Date:**

**Prepared by (DDS Staff):**

**A copy of this form will be held with DDS.**