

DECLARATION

I confirm that I give my consent for the enclosed supporting medical and / or specialist evidence to be submitted by my College, and made available, on a confidential basis, to members of a case conference formed to consider an Alternative Mode of Assessment.

Only the members of the case conference will have access to this medical and / or specialist evidence.

YES

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NO

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The University undertakes to handle this information carefully in accordance with the requirements of data protection legislation and will not divulge its contents to any third party or use it for any other purpose without your further consent. General details about the University's use of personal information are published at <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>

I understand that the medical and / or specialist evidence will form my application for an alternative mode of assessment.

Name (Block Caps)	
College	
Signature	
Date	

You should complete and return this form to your College Tutor who will send it, on your behalf together with a copy of the application and supporting medical and / or specialist evidence.