

EXAMINATION ACCESS AND MITIGATION COMMITTEE**Student Declaration Form****DECLARATION**

I confirm that I give my consent for the enclosed supporting medical evidence to be submitted to my College Tutor and made available, on a confidential basis, to the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) of the University's Examination Access and Mitigation Committee.

For applications for an extension to submission of a dissertation or coursework, this evidence will also be shared with the Chair and / or Senior Examiner and in some cases, departmental administrator.

I understand that only the Medical Adviser(s) (and the Secretary and Assistant Secretary of the Committee for office purposes only) have access to the medical evidence (also see paragraph above re; extensions of submission of dissertations and coursework). The Medical Adviser(s) may, on a need to know basis, read out sections of the medical evidence to the Committee on a strictly confidential basis. It is the Medical Adviser(s) who make a recommendation on the application based on the professional assessment of the medical evidence provided.

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 evidence will form the medical record relating to my application.

Name (Block Caps)	
College	
Signature	
Date	

You should complete and return this form to your Senior Tutor who will send it, on your behalf together with a copy of the application and supporting medical evidence, to the Assistant Secretary of the Examination Access and Mitigation Committee.