



Centre for Accessibility  
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[www.students.ubc.ca/access](http://www.students.ubc.ca/access)

## Centre for Accessibility Student Assistant Data Form

IDENTIFICATION – Provide all information in this section						
EMPLOYEE ID	PREFIX	FIRST NAME	MIDDLE NAME (S)	LAST NAME		
GENDER	BIRTHDATE MM - DD - YYYY	SOCIAL INSURANCE NUMBER	UBC STUDENT NUMBER		STAFF	STUDENT
					<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADDRESS AND OTHER INFORMATION – Provide all information in this section						
CURRENT HOME ADDRESS			CITY	PROV/STATE	POSTAL/ZIP	COUNTRY
PERMANENT HOME ADDRESS (if different from current home address)			CITY	PROV/STATE	POSTAL/ZIP	COUNTRY
PHONE #	EMAIL ADDRESS	COURSE NAME/POSITION		SECTION	CREDITS	

By putting YES (Y) in the box below I indicate that I agree to the terms and conditions as outlined in my letter of offer.

Required

CWL USER NAME REQUIRED FOR NOTETAKERS

Date Processed
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Supervisor Initials
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