



## MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

### PERSONS WITH DISABILITY CONSENT FORM

#### (VOLUNTARY DECLARATION OF DISABILITY STATUS)

**Dear Student,**

At Meru University of Science & Technology (MUST), we are dedicated to ensuring all students, including those with disabilities, have equal access to education. To help us support your needs, we collect information about disabilities during the admission process. This allows us to provide any necessary accommodations for your academic success.

Upon signing of consent and voluntary declaration, your personal information will be kept confidential, stored securely, and only shared with relevant government agencies like the Commission for University Education, whenever required during your studentship at MUST. Any sensitive information will be protected during transmission to third parties through data masking.

#### **Consent by Student:**

By signing this form, you acknowledge that you understand why MUST is collecting your disability-related data, who it might be shared with, and the steps taken to protect your privacy. You also have rights under the Data Protection Act, 2019, including the right to access, correct, or object to the use of your data, and to request its deletion.

#### **Right to Withdraw Consent:**

You have the right to withdraw your consent at any time by informing us in writing.

#### **Declaration and Signature:**

I confirm that I have read and understood the content of this consent form and agree to declare my disability status and provide related data (pg. 2 of this consent), under the conditions described above.

**Student's Name:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_

**Reg. No.:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian (if under 18 years)**

**Name:** \_\_\_\_\_ **ID No.:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT DATA**

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Name: \_\_\_\_\_  
Registration No.: \_\_\_\_\_  
ID/Birth Certificate No: \_\_\_\_\_  
Disability Certificate No.: \_\_\_\_\_

**1. Type of Disability (Please tick whichever is applicable)**

- |   |  |
|---|--|
| <input type="radio"/> Sensory impairment  | <input type="radio"/> Hearing impairment   |
| <input type="radio"/> Learning impairment | <input type="radio"/> Physical impairment  |
| <input type="radio"/> Mental impairment   | <input type="radio"/> Other (please state) |
| <input type="radio"/> Visual impairment   | <input type="radio"/> _____                |

**2. Severity of Disability:**

- Mild
- Moderate
- Severe

**3. Please State any special needs you may require during your studentship at MUST:**

\_\_\_\_\_

\_\_\_\_\_

**For Official Use Only:**

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_  
For: Registrar, ASA

Date of Receipt: \_\_\_\_\_ Official stamp: \_\_\_\_\_

Remarks: \_\_\_\_\_