

ACCOMMODATION AGREEMENT FORM

Student Name: _____ **Semester:** _____

This certifies that the above student has presented the Student Authorized Accommodation Form to their instructors. The Student Authorized Accommodation Form is CONFIDENTIAL and should not be shared with other faculty, staff, and students without the student's specific permission. If you need assistance to implement these accommodations, please contact Student Services.

The Student Authorized Accommodation Form is only valid for one semester. It is the student's responsibility to discuss their disability with their instructors and provide them a copy of the Student Authorized Accommodation Form.

By signing below I am acknowledging receipt of the Student Authorized Accommodation Form for my class.

Course:	Instructor Signature:

Section 504 of the Rehabilitation Act of 1973 and ADA mandates institutions to provide appropriate and reasonable accommodations based on disability and individual need. The designated accommodations on the Student Authorization Accommodation Form have been approved to provide the student the opportunity to successfully complete their studies.

Please call Jenny Buchanan at 223-4754 if you have any questions. Thank you for your cooperation!

THIS FORM IS TO BE RETAINED BY THE STUDENT FOR THEIR RECORDS