Student Consent and Agreement Form

Please initial beside each statement as you agree to the following:

_____ I understand that the purpose of the Disability Resource Center (DRC) is to address access barriers, which may vary from course to course. Therefore accommodations may not be applicable in courses where there isn’t an access barrier.

_____ Academic accommodations cannot fundamentally alter essential course or degree requirements.

_____ I understand my responsibilities to notify my Learning Specialist when my accommodations no longer meet my access needs.

_____ I must provide ample notification of requested accommodations to my professors and work collaboratively by discussing my access needs.

I understand the following responsibilities for accessing accommodations:

I. requesting an accommodation letter each semester
II. notifying my professors which accommodations will be utilized
III. and submitting timely requests for accommodation services to the DRC

_____ I understand I am prohibited from sharing classroom materials obtained through accommodations. Sharing classroom materials is a violation of the Student Honor Code. All involved parties will be referred to Student Conduct and Conflict Resolution.

_____ I understand I am responsible for contacting my Learning Specialist if my accommodations are not implemented in a timely, appropriate, and effective manner.

My Learning Specialist and I have engaged in an interactive dialogue to determine the accommodations that meet my access needs. They are listed below:

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_____ I understand that if my program includes a practicum, internship, or pre/clinical experience that the accommodations may not be applicable and it is my responsibility to contact my Learning Specialist.

_____________________________________________________________________
Date          UFID#            Student Name (PLEASE PRINT)          Student Signature