

AUTHORIZED ACCOMMODATION AGREEMENT

(Required Form)

Effective Date:

Academic Year:

Name:

ID:

This Accommodation Agreement is entered into between Stanly Community College and the above-named student for the purpose of providing reasonable accommodations to the student in accordance with applicable laws and regulations, including but not limited to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

By signing below the student agrees to:

 $\boxtimes\,$ ensure each instructor, of courses in which accommodations are needed, receives a copy of their accommodation letter.

 $\boxtimes\,$ discuss with each instructor, how each accommodation will be provided.

 \boxtimes remind their instructors <u>each</u> time that an accommodation is needed.

 \boxtimes request academic assistance during instructor office hours and/or in the student success center.

 \boxtimes notify the disability services office about any changes to their schedule.

And acknowledges that:

 $\boxtimes\,$ accommodations are not retroactive.

Student Signature

Date

Confidential

The information is provided by the Disability Services Office for the purpose of educational planning. We appreciate the respect for student's confidentiality and the understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990