

Disability Services & Resources (DSR) Office Enrollment Form



Name: _____

My signature below indicates that the above information is true and accurate and that I have read, understand and accept my responsibilities as listed below. It also indicates that I give permission for the DSR office to discuss the requested accommodation(s) with my instructors, College officials and other agencies / schools if deemed necessary to provide reasonable accommodation(s).

In order to obtain these accommodations, I acknowledge that it is my responsibility to:

- x Inform the DSR Office EACH semester that accommodations are requested.
- x Contact instructors about accommodations when they have been emailed the Academic Modification and Adjustments form. (I will be copied on the email.) I do not have to disclose my specific disability to the instructor but I am responsible for ensuring that the details are mutually understood.
- x Contact proctor or instructor to schedule testing accommodations one week in advance in order for the instructor and the proctor to work out details related to the testing. Any disagreements about reasonable testing accommodations should be referred to the ADA Coordinator.
- x Report any concerns about accommodations to the ADA Coordinator immediately so they can be addressed in a timely manner.

Signature: _____ Date: _____

CONFIDENTIAL

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