



OFFICE OF ACADEMIC SUCCESS

ACCOMMODATION REQUEST and CONSENT FORM

I understand that upon signing this form I am giving the Disabilities Committee of East Texas Baptist University consent to consider my accommodation requests and discuss my documentation.

I am requesting the following accommodations:

After the Disabilities Committee has met, discussed and approved the accommodations, I consent that the Office of Academic Success can release the approved accommodations to my advisor, professors, and dean. I will be notified of the approved accommodations by the Office of Academic Success via e-mail. I understand that it is my responsibility as a student to communicate with my advisor, professors, and dean concerning the implementation of these accommodations and not the responsibility of the advisor, professors, or dean to initiate that communication. I also understand that it is my responsibility as a student to update my request as needed for amended accommodations.

Student Signature

Date Form Submitted

Printed Name of Student

Chair, Disability Accommodations Committee

Date