Accommodation Agreement Form

Student’s Name ___________________  Phone # ___________________  XU ID: ___________________

Professor’s Name ___________________  Professor’s Phone ___________  Class: _____________

The above-mentioned student has a documented disability and is enrolled in your class. Under Section 504 and ADA regulations, this student is LEGALLY entitled to the following accommodation(s):

☐ Extended time (time and a half)  ☐ Selective seating
☐ Distraction reduced environment  ☐ Recorded lectures
☐ Enlarged handouts  ☐ Be excused for physical emergencies/needs
☐ Other  ☐ Alternative test format

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

____________________________________  __________________________

This student has been approved for _____ accommodations.

Please note that this form is a CONFIDENTIAL document between the professor, the student, University Officials and the Office of Disability Services.

ATTENTION STUDENTS: This form MUST be returned to Office of Disability Services within a week of receiving or it is NOT VALID. This form becomes VOID if there is any tampering.

Signature denotes that you have read, understand, and agree to the above accommodation(s).

ODS Coordinator: _______________________________  Date: ___________________

Student’s Signature: _______________________________  Date: ___________________

Professor’s Signature: _______________________________  Date: ___________________

Dean’s Signature: _______________________________  Date: ___________________

If you have questions or need additional information, please contact the Office of Disability Services @ (504) 520-7318.

DATE OF RETURN _______ / _______ / _______

WHITE = ODS Office  YELLOW = College Dean  PINK = Instructor  GOLD = Student