



**ACKNOWLEDGEMENT FORM FOR RECEIPT
AND
RESPONSIBILITIES OF APPROVED ACCOMMODATIONS**

I, _____, acknowledge and understand the following responsibilities upon receiving my approved accommodations:

- I understand that I am responsible for providing the accommodations letter to the appropriate party.
- I acknowledge that it is my responsibility to communicate directly with my faculty, clinical staff, or course director regarding the accommodations I need for each course and to maintain communication about the time and place of these accommodations.
- I am aware that my accommodations in any course will not begin until I have provided my instructor with my accommodation letter (letter to faculty).
- I understand that accommodations are not retroactive.
- I am aware that to receive accommodations for exams and quizzes, faculty will need at least one week's notice to coordinate and provide the necessary accommodations.
- I acknowledge that it is my responsibility to contact OILAS if I encounter any difficulties in receiving my accommodations.
- I give OILAS permission to send my accommodations to my academic or clinical curriculum coordinators and managers, as well as the digital learning team.

Curriculum Manager (as appropriate for program):

I, _____, acknowledge that I have received and reviewed the Letter to Faculty and associated responsibilities as outlined. I agree to provide necessary accommodations and support for the student, following the provided documentation to ensure an inclusive and accessible learning environment.

Program Manager (as appropriate for program):

I, _____, Program Manager of _____, acknowledge that I have received and reviewed the Letter to faculty regarding the necessary accommodations for this learner. I confirm that I will follow the provided documentation and ensure that the learner receives the appropriate support and accommodations to facilitate their academic success and well-being within our program.

By signing, I guarantee that the information provided is correct to the best of my abilities and hereby give permission to the Office of Inclusive Learning & Accessibility Services to release information to appropriate University personnel to aid in the consideration and implementation of disability accommodations.

Learner's Signature: _____

Date: _____

Curriculum Manager's Signature: _____

Date: _____

Program Manager's Signature: _____

Date: _____