

**Student Accessibility  
ACCOMMODATIONS AND SERVICES AGREEMENT**

**Student Name:**

**Alverno ID number:**

**Date of Orientation:**

1. As discussed in your orientation meeting, we have agreed that you are eligible for the accommodations listed on the attached memo.
  
2. We discussed the following accommodations as part of your accessibility plan. You have declined them at this time, but we agreed to revisit them if needed in the future:
  
3. In addition, we have agreed to provide the following supports/aids/services:
  
4. Per our conversation, you understand that the requested accommodations (listed below) will not be provided at this time:

**Explanation:**

5. Based on our discussion in the orientation, you understand your role in requesting accommodations from individual instructors in a timely manner. Failure to do so may interfere with access to those accommodations. In addition, you understand that if for some reason there is an issue receiving accommodations from an instructor, it is your responsibility to contact the Student Accessibility Office to request advocacy assistance.

**In signing this form, you are also giving permission for the Student Accessibility/Instructional Services staff to internally share information on a need-to-know basis with appropriate faculty and staff for the purposes of securing accommodations and supports.**

**Student Signature:** \_\_\_\_\_

**Date:**