WEST LIBERTY UNIVERSITY
ACCESSIBILITY SERVICES

Student Name: _____ Semester: _____

ACCOMMODATION AGREEMENT FORM

It is the Student's Responsibility to:

• Schedule an appointment with each class instructor every semester to verbally request and discuss implementation of authorized academic accommodations.
• Sign, obtain instructor's signature, and return the Accommodation Agreement form to the Learning and Student Development Center, Main Hall, Room 147.
• Allow at least one week for the instructor to provide academic accommodations.

It is the Instructor's Responsibility to:

• Read the Notification of Accommodation email sent to their e-mail account.
• Review the student's Letter of Accommodation e-mail with them in a confidential setting.
• Collaborate with the student to implement the accommodations outlined within one week.
• Sign and date below to indicate that the student has discussed academic accommodations with them.
• Black out other Instructors' signatures on any saved copies of this agreement.
• Store all Office of Accessibility Services related documentation in a secure location.

Instructor	Student	Course	Date
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