OFFICE OF THE PROVOST | Student Access & Accommodation

Acknowledgment of Receipt of
Procedures for TCU Student Access & Accommodation

Student _____ TCU ID # _____

Initial each of the following statements:

_____I have received a copy of the *Procedures for TCU Student Access & Accommodation.*

_____I understand that it is my responsibility to present documentation to verify my disability and to consult with the personnel in the Student Access and Accommodation (SAA) office.

_____I acknowledge that a request for records requires five working days written notice for release of copies (or two weeks written notice for release of copies greater than 10 pages) of any releasable, confidential, student disabilities records to me or to my designee.

_____I understand that I must sign the *Student Record Request Form* and present my picture ID (TCU or state). Five working days (or two weeks if greater than 10 pages) following the receipt of the completed *Student Record Request Form*, the SAA office will release copies that are authorized by the personnel in the SAA office as releasable to me in person (with appropriate picture ID) or via U.S. Mail or fax to me or my designee.

_____I understand that accommodations are not retroactive.

_____I understand that the steps to an appeal are contained in the *Procedures for TCU Student Access & Accommodation*.

_____My signature below indicates that I understand my responsibilities as expressed in the *Procedures* statements and the above paragraphs regarding copies of confidential disabilities documents. I also have been informed that I can reach the Student Access and Accommodation office at the below contact information.

_____

Signature **Date**

*****If submitted digitally, this form must be sent to the Student Access and Accommodation office via your TCU email.*****

Student Access and Accommodation
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