

Consent Form for Accommodation Requests

Student Information

Student Name: _____

School: _____

Student Date of Birth: _____

Student and Parent/Guardian Signature

I wish to apply for accommodation(s) for the Pre-College Summer Program based on a disability. I have authorized my school to release to the Office of Disability Support Services (DSS) a copy of my psycho-educational evaluation that documents the existence of my disability and need for accommodations, as well as any other information for the purpose of determining my eligibility. I also grant permission for DSS to discuss my accommodations with faculty when appropriate.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Parent/Guardian signature is required if student is under 18 years of age)

Instructions to the Student

This form must be submitted when a Petition for Reasonable Accommodations is filed with DSS. The form will be maintained by DSS with the student's on file documentation.