

Office of Accommodation & Inclusion

ACCOMMODATION SEMESTER SERVICE CONTRACT

Addres	ss			
			E-mail	@findlay.edu
Phone Number Semester Requesting Services:			Major Year:	
Accom	nmodations: Testing □ 1.5X □ Reader	□ 2X	□ Quiet Space	□ Scribe
	□ Audio Record □ Equipment:	□ Flex. Attendance □ Medical Alert		
	Registration Accommodatio	ns		
	Students are responsible for class attendance, assignment immediately if services are reprocedure found in The University Complaint.	ts, and all other course not meeting your needs	materials. It is your res. All students should to	sponsibility to contact OAI
	I understand that the Office of Accommodation & Inclusion follows the regulations in the Family Education Rights and Privacy Act (FERPA). By signing this form, OAI may share accommodation(s) with faculty, staff, or other appropriate personnel as needed to support my academic progress.			
	I have read and reviewed the service rules with the director/staff member of the Office of Accommodation & Inclusion and will follow all guidelines and procedures.			
	Student Signature			Date

_____ Initials: ___

Office Use:

Updated: Fall 2020