



## Student Rights and Responsibilities

1. My participation in disclosing my disability to the Office of ADA for Students shall be voluntary.
2. All records maintained by the Office of ADA for Students personnel pertaining to my disability shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

NOTE: Authorities cited: Title 5 C.C.R., Section 56000 et seq., Education Code Sections 66701, 673167312, 70901, 84850.

### **Responsibilities**

1. I will provide the Office of ADA for Students with the necessary information, documentation and /or forms (medical, education, etc.) to verify my disability.
2. I will utilize the Office of ADA for Students services in a responsible manner. I understand that the Office of ADA for Students uses written service provision policies and procedures, which must be adhered to, for continuation of services
3. I will provide the Office of ADA for Students with a current course schedule each semester to activate my accommodations.

**I understand and agree to the above Student Rights and Responsibilities and I will abide by them. I give permission for the Office of ADA for Students staff to discuss my educational situation with other professionals who have a legitimate educational need to know.**

**I have been given a copy of this document. If I do not comply with these rights and responsibilities, I will be notified in writing of my impending suspension of service. I will have the opportunity to appeal the decision.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_