

**STUDENT AGREEMENT
FOR
READING SERVICES**

I have read and understood my responsibilities as a student who is receiving reasonable accommodations for reading services from the Office of AccessABILITY. I will adhere to all procedures as outlined by this office.

Semester/Year: _____

Student's Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Request for Services Accompanied: YES _____ NO _____

If No, date submitted: _____