Professional Student Responsibility and Consent Agreement

As a registered DRC student:

1. I understand I am responsible for following established DRC procedures in order to secure the administration of my accommodations. The procedures for my specific professional program have been presented to me by the designated DRC’s Support Services Coordinator whom is a liaison with my program. My program’s accommodation coordinator/s is:

____________________________________________________________________________________

2. I understand that accommodations are intended to help ensure access to educational programs and services and are not intended to alter the fundamental elements of the academic curriculum.

3. I understand I am prohibited from sharing classroom materials I have gained as a result of an accommodation. Classroom materials, include, but are not limited to: e-textbooks and e-materials secured and/or provided by the DRC, copies of an instructor’s overheads or PowerPoint presentations, audio-recordings of classroom lecture, and notes provided by Note-Services. Violations will be referred to Student Conduct and Conflict Resolution for appropriate action.

4. I understand I will be asked to sign the UF Honor Pledge at the beginning of each exam proctored at the DRC. Violations will be referred to the instructor and Student Conduct and Conflict Resolution for appropriate action.

5. I understand I am responsible for contacting the DRC if my accommodations are not implemented in a timely and effective manner or if other issues or problems arise. Upon notification, the DRC will work with the student and appropriate University personnel in an attempt to resolve the concern. If I feel the concern was not satisfactorily resolved, or if further attention is needed, I will schedule an appointment with the DRC Director.

I authorize the Disability Resource Center to share accommodation-related information with appropriate University personnel (e.g. Registrar, Student Financial Affairs, faculty) on an as-needed basis in order to facilitate my accommodations. I understand the DRC will obtain my consent to share additional information with other University personnel or with individuals not affiliated with the University.

Date
UFID#
Student Name (PLEASE PRINT)
Student Signature