

## Student Responsibility and Consent Agreement

As a registered DRC student:

1. I acknowledge obtaining a copy of the University of Florida's Disability Resource Center (DRC) Procedural Guide.
2. I understand the purpose of the DRC Procedural Guide is to outline specific procedures for accessing and utilizing approved accommodations.
3. I understand that there are important deadlines, processes, and procedures that need to be met to obtain approved accommodations.
4. 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.
5. I understand I am prohibited from sharing classroom materials gained as a result of an accommodation. Sharing classroom materials is a violation of the Honor Code. All involved parties will be referred to Student Conduct and Conflict Resolution for appropriate disciplinary action.
6. I understand that any violations of the Honor Code that relate to academic dishonesty or integrity will be referred to the instructor and Student Conduct and Conflict Resolution for appropriate disciplinary action.
7. I understand I am responsible for contacting the DRC if my accommodations are not implemented in a timely, confidential, and effective manner. Upon notification, a DRC staff member will work with the student and appropriate University personnel to resolve the concern. If the concern was not addressed in a satisfactory manner, I will be able to schedule an appointment with the DRC staff member's supervisor.
8. I understand that if I do not have any contact with the DRC for one full year after receiving accommodations my status will change from "Active" to "Inactive." If my status is "Inactive," I understand that I will not be able to receive accommodations through the DRC, would have to schedule a follow-up appointment, and may need to provide current documentation.
9. I understand the DRC will obtain my consent to share additional information with other University personnel or with individuals not affiliated with the University of Florida.
10. I authorize the DRC to share accommodation-related information with appropriate University personnel in order to facilitate my accommodations.
11. I understand that the staff in the Disability Resource Center is here to support students with physical, learning, sensory, medical, or psychological disabilities. By facilitating and providing support for reasonable accommodations all registered students will be afforded equal access to academic courses, programs, and activities. Services and resources provided by the Disability Resource Center are offered to positively address the impact of disabilities on student performance and success in and out of the classroom.

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*Date*

*UFID#*

*Student Name (PLEASE PRINT)*

*Student Signature*