

INDIANA**TECH**

Services for Students with Disabilities

INFORMED CONSENT AND RELEASE OF INFORMATION

I am aware that:

I may request a review of my current Access Plan to a particular context at any time.

It is my right and responsibility to disclose my disability to instructors, program supervisors or other parties when and if I choose to initiate requests for accommodations.

I must make accommodation requests in a timely fashion.

I may be asked to present my Access Plan to verify a request.

I may request assistance from the Services for Students with Disabilities Coordinator when making an accommodation request.

I may file an appeal with the ADA Officer if mutually acceptable accommodations can not be established by the Services for Students with Disabilities Office.

The information concerning my disability is confidential and will not be released without my consent. At this time I give my consent to the Services for Students with Disabilities Coordinator to release information relevant to my disability and participation in college courses and programs to:

Initial

- () My professors, for instructional purposes
- () My faculty advisor
- () Other [please specify]: _____

I have taken the opportunity to read the Access Plan and consent form and to ask questions. I understand the rights and responsibilities outlined in this document.

SIGNATURE: _____ DATE: ____/____/____