



Office of Accessibility Services

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Accessibility@mountida.edu

Acknowledgement of Student Understanding and Informed Consent for Disability Accommodations

Name of Student _____ (Please print)

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.

I also understand that information provided by me will be used by the Office of Accessibility Services (OAS) to assess and implement, as appropriate, my request for accommodations related to academic and other Mount Ida College-sponsored activities or programs.

I also understand that it is my responsibility to request specific accommodations and that it is my responsibility to communicate with my faculty members concerning the implementation of these accommodations, and that it is not the responsibility of the faculty members or other Mount Ida College to initiate that conversation with me.

I further understand that it is my responsibility, as a student, to update my requests for accommodations each semester and contact OAS if my accommodations are not implemented in a timely and effective manner or if other issues or problems arise.

I also understand that my accommodation records are protected by the Family Educational Rights and Privacy Act (FERPA), and that Mount Ida College is generally prohibited by that law from disclosing my disability accommodation records to anyone outside of Mount Ida without my consent. I understand, however, that FERPA permits the OAS Director to disclose parts of disability accommodation records to individuals and offices within Mount Ida who have "an educational need to know."

In order to provide the information necessary to those at Mount Ida College who will be assisting in providing the agreed upon accommodations, information regarding the accommodations required may be disclosed to the relevant offices and individuals, such as faculty, academic advisors, academic support services, and Mount Ida administration. All information shared will be disclosed in accordance with requirements of FERPA, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the other federal and state laws providing for nondiscrimination against individuals with disabilities.

By signing below, I hereby authorize Mount Ida's Office of Accessibility Services to discuss, either in writing or orally, my accommodations with appropriate administrators, faculty and service providers as deemed necessary by the OAS Director for the purpose of providing and/or coordinating accommodations and services for me. I understand that the OAS Director will not disclose my records to

others unless I give permission for them to do so, or unless the law authorizes or compels the Director to do so.

This authorization will remain in effect during my enrollment at Mount Ida College or until it is revoked by me in writing.

Student's Signature

Date: