



**Acknowledgement of 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 understand that information provided by me will be used by the ARC Coordinator to assess and implement, as appropriate, my request for accommodations related to academic and other William James College-sponsored activities or programs.

I understand that it is my responsibility to request specific accommodations. I understand 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 William James College personnel to initiate that communication. I also understand that it is my responsibility, as a student, to update my requests for accommodations each semester. I also understand I am responsible for contacting the ARC Coordinator if my accommodations are not implemented in a timely and effective manner or if other issues or problems arise.

I understand that my accommodation records are protected by the Family Educational Rights and Privacy Act (FERPA), and that William James College is generally prohibited by that law from disclosing my disability accommodation records to anyone outside of William James College without my consent. I understand, however, that FERPA permits the ARC Coordinator to disclose parts of disability accommodation records to individuals and offices within William James College who have “an educational need to know.” In order to provide the information necessary to those at William James College who will be assisting in providing the agreed upon accommodations, information regarding the accommodations required will be disclosed to the relevant offices and individuals, such as faculty, academic advisors, academic support services, and the Dean of Students.

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 the ARC Coordinator to discuss, either in writing or orally, my accommodations with appropriate administrators, faculty and service providers as deemed necessary by the ARC Coordinator for the purpose of providing and/or coordinating accommodations and services for me. I understand the ARC Coordinator will not disclose my records to others unless I give permission for them to do so, or unless the law authorizes or compels the Coordinator to do so.

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

Student's Signature