

INDIANA **TECH**

Office of Student Success

Student Responsibility Statement

Student Name: _____ Student ID: _____ Date: _____

Enrollment Type: ____ Traditional Undergraduate ____ CPS

Full Address: _____

Semester/sessions entering school: _____ Phone Number: _____

Please list disability(s):

How does your disability impact you as a student?

List any current medications and/or treatments you receive and any related side effects:

What accommodations/services are you requesting?

What accommodations/services have you used in the past?

Have you requested documentation of disability from a qualified professional?

(Documentation must be on file in order to receive services, please contact our office if you have questions.)

Yes No

Notification of Professors

I understand that it is my responsibility to give my professors a copy of my Access Plan and to let them know when I will need to use my accommodations. _____ (initial)

Student Signature: _____ Date: _____

SSD Coordinator Signature: _____ Date: _____

You may attach additional information and email, mail or fax to:

jblack@indianatech.edu

Indiana Tech-Office of Student Success - ATTN Disability Services

1600 E. Washington Blvd – AND-Room 223, Fort Wayne, IN 46803

260.422.5561 Ext. 2338 – FAX 260.422.1376

JLB 1/3/18