

Testing Policies Verification Form Disability Services Office

I _____, have read and understand the Testing
(Please Print)

Policies for the Disability Services contract.

I understand if I do not follow these policies during a semester, I may have my testing accommodations through DSO revoked for that semester. If the violation occurs, I would be responsible to make my own testing arrangements with my professors for the remainder of that semester.

Testing accommodations will be renewed for each semester pending adherence to testing policies. Any revisions to current policy will be discussed with DSO students and indicated on the contract.

Student's signature _____ Date _____

Witness _____ Date _____