Accommodations Agreement

Name__________________________________________

After voluntarily disclosing my disability and submitting the requisite, up-to-date documentation performed by a qualified health care professional, the law school’s ADA coordinator and I discussed and agreed upon the following accommodations:

Classroom:  Preferential seating__________________________________________

Use of a lap top__________________________________________

Permission to record__________________________________________

Other__________________________________________

Examinations:  Extra time__________________________________________

Reduced distraction testing room__________________________________________

Use of a lap top to type exam__________________________________________

Other__________________________________________


Student Signature__________________________________________ Date__________

ADA Coordinator’s Signature__________________________________________ Date__________