



# Acknowledgment of Declined Accessibility Services

**Learner's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department/Program:** \_\_\_\_\_

**Program Director:** \_\_\_\_\_

## Section 1: Understanding of Accessibility Services

I, \_\_\_\_\_, acknowledge that I have been informed of the accessibility services available to me, which include, but are not limited to:

- Academic accommodations (e.g., extended test time, note-taking assistance)
- Clinical accommodations (e.g., assistive technology, modified workstations)
- Medical accommodations (e.g., mobility assistance, specialized equipment)

I understand that these services are designed to support my needs and promote my success.

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## Section 2: Decline of Accessibility Services

I \_\_\_\_\_, have been provided with detailed information about the accessibility services available and the process for accessing them. Despite understanding these options, I am choosing to decline the use of accommodations at this time.

## Section 3: Acknowledgment

By signing below, I acknowledge that I have been fully informed about the accessibility services available to me. I understand that I can request these services in the future if my needs change.

**Learner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor/Instructor/Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Accessibility Services Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_