

**Acknowledgement of Receipt of
Procedures for TCU Students with Disabilities**

Student _____ TCU ID # _____

Initial each of the following statements:

_____ I have received a copy of the *Procedures for TCU Students with Disabilities*.

_____ I understand that it is my responsibility to present documentation to verify my disability and to consult with the personnel in the Disability Services (DS) Office.

_____ I acknowledge that a request for records requires five working days written notice for release of copies (or two weeks written notice for release of copies greater than 10 pages) of any releasable, confidential, student disabilities records to me or to my designee.

_____ I understand that I must sign the *Confidential Release Authorization Form* and present my picture ID (TCU or state). Five working days (or two weeks if greater than 10 pages) following the receipt of the completed *Confidential Information Release Authorization Form*, the Center will release copies that are authorized by the personnel in the DS Office as releasable to me in person (with appropriate picture ID) or via U.S. Mail or fax to me or my designee.

_____ I understand that accommodations are not retroactive.

_____ I understand that the steps to an appeal are contained in the *Procedures for TCU Students with Disabilities*.

_____ My signature below indicates that I understand my responsibilities as expressed in the *Procedures* statements and the above paragraphs regarding copies of confidential disabilities documents. I also have been informed that I can reach the DS Office at **817-257-6567** or the following address:

**Texas Christian University
TCU Box 297710
Fort Worth, TX 76129**

Signature

Date

Witness

Date