

# Texas Christian University

**VERIFICATION OF RECEIPT  
OF DISABILITIES MEMORANDUM  
AND  
STUDENT CONFERENCE**

**Student Name:**

**Student #:**

I have received the memo regarding reasonable accommodations for . We have met to discuss his/her accommodations.

Professor comments or questions: \_\_\_\_\_

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\_\_\_\_\_ Although I prohibit students from audio recording my lectures, I understand that this student has been granted an accommodation which allows him/her to audio record lectures. I have received a copy of Student Acknowledgement/Agreement for Audio Recording Lectures

\_\_\_\_\_ I do not prohibit students from audio recording my lectures, and accordingly I will not prohibit audio recording of my lectures by this student. I will enforce only such rules which apply to all students recording my lectures.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Printed Name

\_\_\_\_\_  
Course Name

**THIS FORM MUST BE RETURNED BY THIS STUDENT TO:**  
**CENTER FOR ACADEMIC SERVICES**  
**SADLER 1010**  
**TCU BOX 297710**  
**FORT WORTH, TX 76129**  
**817-257-6567**