Odessa College
Office of Disability Services

Statement of Understanding

As a student at Odessa College I,

____________________________ understand it is my responsibility to inform the Special Populations Outreach Specialist about any irregularities/problems with any of my requested accommodations. This is to be done as soon as possible, to have the issue/concern corrected as necessary to allow me all the possibilities to succeed in the classroom.

__________________________________________
Student print name                      date

__________________________________________
Student signature                       date

__________________________________________
Special Populations Outreach Specialist  date