

Odessa College
Office of Student Accommodations
Statement of Understanding

Date: _____

Name: _____

- I understand that I must apply for accommodations at Odessa College.
- I understand I must provide information about my diagnosis, the information must not be more than three years old and it must be from a qualified professional, on letterhead paper, to request accommodations while attending Odessa College.
- I understand I must sign a FERPA form for any information to be given on my behalf to any person or organization outside Odessa College.
- I understand that I must turn the application and diagnosis information to the Office of Student Accommodations at Odessa College in order for an accommodation plan to be drafted.
- I understand that I must inform the Office of Accommodations if there is a change in your schedule.
- I understand that it is my responsibility to inform the Office of Student Accommodations 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 the possibilities to succeed in my classes.

Please keep in mind the importance of allowing plenty of time for all the documentation and arrangements for accommodations to be made with enough time, before the semester you are planning to attend begins.

Student's signature _____