



## Accessibility Services Center

### Accommodation Agreement

#### I understand and agree to the following:

1. I am responsible for informing Accessibility Services of my need/request for accommodations. I will contact the ASC Office at (707) 864-7136 or by email at [asc@solano.edu](mailto:asc@solano.edu) to make an appointment with a counselor.
2. All reasonable accommodations that are available to me will be based on documentation I am required to provide for ASC services. The documentation must be from a qualified professional who is licensed to diagnose my disability. If requesting accommodations for more than one disability, I will need to provide documentation for each one.
3. I understand that any changes/adjustments to my accommodations will require that I make an appointment for review with my ASC counselor.
4. If the accommodations agreed upon are not being met as stated in the Accommodation Letter, I will contact the ASC office to inform them of the situation and request assistance in providing a resolution.
5. I understand that accommodations are **NOT** retroactive and only begin once I have submitted all required paperwork to the Accessibility Services Center.

#### I plan to utilize my accommodations for classes at Solano College. My educational goals are as follows:

- Transfer    AS/AA Degree    Certificate    Job Skills    Basic Skills
- Personal/Social Development    Undecided

**If I am unable to independently send a copy of the Letter of Accommodation to my instructor(s) after two weeks of class, I will inform the ASC Office and authorize them to send a copy on my behalf.**

Yes    No

---

Student Signature

Student ID#

---

ASC Staff Signature