Huston-Tillotson University

Office of Disability Services
900 Chicon Street
Austin, Texas 78702
512.505.3149

Date: ______________________

Educational Contract and Consent for Service

As a student requesting services provided by the Office of Disability Services (ODS), I understand that I am responsible for:
-self identifying as an individual with a disability to the ODS in a timely manner when seeking accommodations;
-meeting the qualifications and essential standards as determined by HT for courses, programs, jobs, services, and facilities;
-following university specific procedures for obtaining reasonable accommodations, academic adjustments, and/or auxiliary aids and services.

As a student requesting services provided by ODS, I understand that I have the right to:
-equal access to courses, programs, services, jobs, activities, and facilities available at HT;
-reasonable accommodations, academic adjustments, and/or auxiliary aids and services determined on a case-by-case basis;
-appropriate confidentiality of all information regarding a disability and the choice to whom such information is disclosed except as required or permitted by law.
All submitted documentation of disabilities submitted to the ODS is housed in the ODS. This information is treated as medical documentation and handled under the same rules of confidentiality as other medical information. It will be shared within the institution on a need to know basis only. Information in my files may be released without my consent if I express intent to harm myself or others; I report any physical abuse, neglect or sexual abuse of children or vulnerable adults within the last three years, this includes abuse or neglect of myself if I was under 18 at the time of the abuse/neglect; I report the use of an illegal drug for non-medical purposes during pregnancy; I report sexual exploitation by counseling or health care professionals. Information in my files may also be released pursuant to a court order or subpoena. I may give written authorization to release information that I want to be shared with others whom I specify.

Huston-Tillotson University has the right to:
-maintain essential standards for courses, programs, services, jobs, activities, and facilities;
-request from the student current documentation by an appropriate professional that supports the need for appropriate accommodations, academic adjustments, and/or auxiliary aids and services;
deny requests for accommodations, academic adjustments, and/or auxiliary aids and services if documentation does not support a need for the requested service, or if the documentation is not provided in a timely manner;
select among equally effective accommodations, academic adjustments and/or auxiliary aids and services as judged by HT with consideration for cost and/or availability;
deny a request for an appropriate or unreasonable accommodation, adjustment, an/or auxiliary aid or service including any that poses a direct threat to the health and safety of others, imposes a fundamental alteration to a course or program, or poses an undue financial or administrative burden on HT.

Huston-Tillotson University has the responsibility to:
ensure that courses, programs, services, jobs, activities, and facilities, when viewed in their entirety, are offered in the most integrated and appropriate settings;
provide information regarding policies and procedures to students with disabilities in accessible formats upon request;
evaluate students on the basis of their abilities, not their disabilities;
provide or arrange reasonable and appropriate accommodations, academic adjustments, and auxiliary aids and/or services for students with disabilities upon request;
maintain appropriate confidentiality of records and communication regarding students with disabilities, except where permitted or required by law;
inform students when requested accommodations are not available or beyond the university’s ability to provide.

I, ____________________________________________________________________________, have been informed of my rights and responsibilities as a student and the rights and responsibilities of Huston-Tillotson University; the programs, services, and specific accommodations for which I am eligible based on my functional limitations; and confidentiality and its limits. I agree to participate in the ODS services listed in this contract. The ODS staff and I will update my forms and individualized services each semester.

**ODS Services:**
- Counseling
- Learning Disability screening
- Campus/Community Liaison
- Interpreter(s)
- Adaptive equipment
- Note taking assistance
- Study skills
- Reader
- Testing accommodations
- Tutoring
- Other

Student Signature  Date  Coordinator’s Signature  Date

_Funded by Title III – Strengthening Student Support Services Through a Comprehensive Student Services Program_