

PASS OFFICE DISABILITY SERVICES
STUDENT RIGHTS AND RESPONSIBILITIES

RIGHTS

1. My participation in the PASS Office DS shall be entirely voluntary.
2. All records maintained by the PASS Office DS personnel pertaining to my disability(ies) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

NOTE: Authorities cited: Title 5 C.C.R., Section 56000 et seq., Education Code Sections 66701, 673167312, 70901, 84850.

RESPONSIBILITIES

1. I will provide the PASS Office DS with the necessary information, documentation and /or forms (medical, education, etc.) to verify my disability.
2. I agree to provide the PASS Office DS documentation of my disability by (date)_____.
3. I will utilize Disability PASS Office services in a responsible manner. I understand that the Disability PASS Office uses written service provision policies and procedures, which must be adhered to, for continuation of services
4. I will provide the PASS Office with a current course schedule to activate my accomodations each semester.

I understand and agree to the above Student Rights and Responsibilities and I will abide by them. I give permission for the PASS Office DS Staff to discuss my educational situation with other professionals who have a legitimate educational need to know I have been given a copy of this document. If I do not comply with these rights and responsibilities, I will be notified in writing of my impending suspension of service. I will have the opportunity to appeal the decision.

Student Signature _____ **Date** _____