



PATH SUCCESS Informed Consent

I am aware that:

- It is my right and responsibility to disclose my disability to my instructors when and where I choose to initiate requests of accommodations.
- I may request to review of my current Access Plan at any time.
- I must make accommodation requests in a timely fashion.
- When scheduling accommodated tests in ACE, it is my responsibility to schedule enough time to complete the test during regular office hours.
- I will be expected to meet the same attendance requirement, conduct, and course requirements of the university as any other student.
- The implementation of accommodations is not retroactive.
- I can request assistance from the Director of PATH Success if mutually acceptable accommodations cannot be established through communication with my instructor and the PATH Success.

The information concerning my disability is confidential and will not be released without my consent. At this time, I consent to representatives from Oklahoma Wesleyan University to contact any individual(s) on a need-to-know basis only and to release/obtain/verify information related to my disability(ies) and/or education.

I have had an opportunity to read the consent form and ask questions. I understand the rights and responsibilities outlined in this document.

Printed Name: _____

ID Number: _____

Signature: _____

Date: _____