



ACCOMMODATIONS WAIVER FORM

Accessibility Services
For Texas Tech University Health Sciences Center El Paso Students

Name: _____ Date: _____

R# _____ School (circle): PLFSOM GGHSON FGSBS WLHSDM

State the following accommodation(s) that you are waiving and indicate the time frame for which you will be deactivating services (i.e. academic year/ semester).

Please return this form to the Accessibility Services office who will notify the appropriate faculty and staff of the deactivation.

Student Signature

Date

Accessibility Services Staff Signature

Date

You may reinstate the above accommodations at any time, please notify the Accessibility Services office to make the appropriate changes.