



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

ACCOMMODATIONS WAIVER FORM

Disability Support Services (DSS)
For Texas Tech University Health Sciences Center El Paso Students

Name: _____

Date: _____

R# _____

School (circle one): PLFSOM GGHSON GSBS

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 DSS office who will notify the appropriate faculty and staff of the deactivation.

Student Signature

Date

DSS Staff Signature

Date

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