

## OFFICE OF DISABILITY SERVICES AND ADA COMPLIANCE

### ACKNOWLEDGEMENT OF RECORDS REQUEST

I, \_\_\_\_\_, hereby acknowledge, that at my request a copy of the following otherwise confidential document(s) will be transmitted to me by the Office of Disability Services and ADA Compliance (ODS/ADA):

- ☐ A letter dated \_\_\_\_\_ in support of modification of accommodations.
- ☐ My entire ODS/ADA record
- ☐ Other (Specify) \_\_\_\_\_

I understand that in accepting these copies I assume all responsibility for their disposition and safekeeping.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

#### TO BE COMPLETED BY ODS/ADA STAFF ONLY

Request Received On: \_\_\_\_\_

Received By: \_\_\_\_\_

Proof of ID: \_\_\_\_\_

Copy Issued By: \_\_\_\_\_