



Student Waiver of Services/Accommodations Form

Please complete the Student Waiver of Services/Accommodations form when the student chooses not to use the services and/or accommodations. Both student and instructor must complete this form for every class and test when necessary.

Student's name: _____

Instructor's name: _____

Course: _____

Services/Accommodations: _____

Date: _____

Reason for Services Waiver:

Student's signature

Instructor's signature

Note: Student must submit this original form to Disability Services Coordinator at Delgado Community College.