

**STUDENT RESPONSIBILITY AGREEMENT
FOR USE OF ALTERNATIVE LEARNING MATERIALS**

Student Name _____

Term (Circle one) Fall Winter Spring Summer Year _____

Educational Material Provided in Alternative Format: _____PDF _____Word Other _____

Program of Study: _____ Courses _____

City University of Seattle works to ensure appropriate accommodations are provided for students who are eligible for services. In order to maintain the integrity of the services offered and to honor copyright law, I certify and agree as follows:

I certify that

- I have a disability as defined by Section 504 of the Rehabilitation Act, that has been verified by an appropriate official in the disability services office of the Participating Institution, and for which the educational material identified above in electronic format is an appropriate accommodation.
- I am currently registered at _____ for the academic term indicated above.
- I own a hard copy of the educational material that is being provided in alternative format.

I agree to abide by the following rules for obtaining and using learning materials in alternative format:

- I will not copy or reproduce the educational material being provided in alternative format (except to the extent that a copy of the material is created as an essential step in the utilization of the material by a device), nor allow anyone else to do so.
- I will not allow anyone else to use the educational material being provided in alternative format.
- At the end of this academic term I will remove the educational material being provided in alternative format from any device on which it has been installed, and will return any physical media such material to the Office of Disabilities Services.
- Violation of this Agreement may be considered a violation of the Student Code of Conduct and may result in penalties including suspension and expulsion.

I, the undersigned student, affirm that the above certifications are true and correct, understand the rules listed above, and promise to comply.

Student Signature _____

Student email address _____

Disability Services Coordinator Signature _____

Date _____