

Gallaudet University
Academic Affairs/Student Affairs
Communication Access Agreement Form
For Non-Academic Activities

The mission of Gallaudet University is to provide the highest quality in educational services. Gallaudet’s bilingual mission supports communication access services being provided for Deaf-Blind, Deaf and hard of hearing students when undertaking academic studies at Gallaudet, on an as needed basis. As quality of campus life experience is an important component in the educational experience at Gallaudet, this agreement form applies to communication access services for non-academic activities, such as student organization activities, athletic activities, and/or public presentations at Gallaudet University for which I may request communication access services. The majority language for communication in academic and public settings is American Sign Language (ASL), and students at Gallaudet are expected to be or become competent in both ASL and English as a part of their educational goals.

Campus activities requests for communication access services (captioning or interpreting) are made to the host entity, as published in any announcements for events.

I understand that I have the right to request communication access services, as I also have corresponding responsibilities. By making a request for communication access services, I agree to the following:

- While I have the right to request, and the University will make every reasonable effort to provide access services, I understand that short notice requests and changes in my schedule may result in no services being available.
- I understand that this agreement is in effect for the duration of my time as a student at Gallaudet University.
- It is my responsibility to communicate changes in my plan to attend events for which I request services, including absences, cancellations or tardiness to any event for which I request communication access services. I accept this responsibility and will notify via email:
 - o the host entity of the event
 - o GIS
- If I have 3 cancellations or absences, I will lose the privilege of requesting access services for 120 days.
 - o If I lose my privileges and want to appeal to reinstate, I can follow the University Grievance Procedure. I understand that my case may or may not qualify for appeal.
http://www.gallaudet.edu/eop/federal_eeo_laws/section_504ada_student_grievance_procedure.html

Student Name _____

Signature _____

Student ID # _____ Date _____

For any questions or concerns regarding this agreement, please contact the following campus resources.

OSWD	oswd@gallaudet.edu
Office of Student Affairs	student.affairs@gallaudet.edu
Gallaudet Interpreting Service	gis@gallaudet.edu

For office use:	Date	Received By	For office use:	Date	Received By
OSWD			GIS		



Office for Students with Disabilities

Authorization to Release or Obtain Information

I hereby authorize the Office for Students with Disabilities (OSWD) at Gallaudet University to obtain information from and/or release information to: *(Please check all that apply)*

- | | |
|-----------------------------------|-------------------------------------|
| Academic Advising Staff | Medical Personnel |
| Admissions/Registrar’s Office | Mental Health Center |
| Audiology Department | Residence Life |
| Career Center | Student Health Services |
| Gallaudet Faculty/Staff* | Tutorial & Instructional Program |
| Learning Disability Diagnostician | Vocational Rehabilitation Counselor |

Other (specify →) Name _____

Address _____

Phone/Fax _____

e-mail _____

The purpose of this release is to help ensure I receive reasonable accommodations as listed in my medical and/or diagnostic records in compliance with the Americans with Disabilities Act of 1990 and subsequent amendments, and the Rehabilitation Act of 1973. I understand that consent will expire in one year from my date of signature, or with my written notification.

Checking “Gallaudet **Faculty/Staff” authorizes OSWD to send Faculty Accommodation Letters (FALs) on my behalf to faculty in whose courses I enroll, for the period of consent.*

Student Name	Student ID Number
Student Signature	Date
Staff Name	
Staff Signature	Date