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## Acknowledgment/Receipt of Guidelines and Recommendations for Accessibilities Services

I, \_\_\_\_\_ (Student Name), have received Piedmont Community College’s Disability Services guidelines. I have reviewed this document with the Disability Services staff and have been given the opportunity to ask questions regarding this material. I agree to all the procedures set forth in this document and hereby agree to abide by them during my career at Piedmont Community College.

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness or Disability Services Staff)

\_\_\_\_\_  
(Date)