UCIrvine
Disability Services Center (DSC)

Student Rights and Responsibilities

Below are the rights and responsibilities regarding disability access at UC Irvine for all students registered with DSC. Please read and check the appropriate line by each statement. Sign, date, and return this form to your DSC Specialist/Counselor. The Specialist/Counselor will discuss any questions you may have regarding these rights and responsibilities or refer you to another staff member who can address them.

Rights

YES  NO
____  ____ I understand that my participation in DSC is entirely voluntary.

____  ____ I understand that I have equal access to any and all courses, programs, jobs, services, activities, and facilities offered by UC Irvine.

____  ____ I understand that I have the right to confidentiality of all records regarding my disability and, except as required or permitted by law, the choice as to whom to disclose this information per www.reg.uci.edu/privacy

____  ____ I understand that DSC will provide assistance in removing any physical, academic and attitudinal barriers.

Responsibilities

YES  NO
____  ____ It is my responsibility to provide DSC with the appropriate documentation and/or forms (medical, educational, etc.) to verify my disability and support my request for services. (See Practices at www.dsc.uci.edu/forms/index

____  ____ It is my responsibility to comply with published procedures for obtaining accommodations, academic adjustments and/or auxiliary aids and services and that I must adhere to them for continuation of services.

____  ____ It is my responsibility to follow the procedures for requesting accommodations for each quarter in which the accommodation is needed.

____  ____ It is my responsibility, like all UC Irvine students, to follow the university's Code of Conduct found at www.dos.uci.edu/judicial/uci_policy.php

____  ____ It is my responsibility to meet the academic and non-academic standards for admission to, participation in, and/or fulfillment of essential requirements of university programs or activities. I understand that it is not within the purview of DSC staff to substantially alter essential program requirements or those directly related to any licensing requirements.

____________________  ____________________  ________________
Student’s Name (Please Print)  Student’s Signature  Date Signed

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