**IEP / Insufficient Documentation Policy**

I , understand that I have been given approval to use an *(printed name)*

IEP / insufficient documentation for this semester **ONLY.** I will provide ODS with updated documentation from my physician/psychologist using the appropriate documentation guidelines. The documentation will also provide reasonable academic accommodations for my course work.

If I **do not** provide ODS with the updated documentation for the following semester, I **will not** receive academic accommodations until the documentation is provided and approved.

Student Signature: Date:

Disability Specialist: Date: