

**WEBSTER UNIVERSITY**

**DISABILITY ACCOMMODATIONS**

**REFUSAL OF SERVICES**

**NAME:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

I have been informed that I may be eligible for accommodations and special services under the Rehabilitation Act of 1973, section 504. I hereby decline such services and do not wish to have any faculty or staff notified of my disabling condition.

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**(Signature)**

**(Date)**