



Office of Disability Services
 9201 University City Boulevard, Charlotte, NC 28223-0001
 tel: 704-687-0040 (V/TTY) | fax: 704-687-1395
 Fretwell 230 | www.ds.uncc.edu

**PERSONAL ATTENDANT AGREEMENT FORM
 TO BE REVIEWED AND SIGNED BY THE UNC CHARLOTTE STUDENT**

Student Name: _____ **UNC Charlotte ID:** _____ **Email:** _____

I, the above named student, have provided documentation that I require a personal attendant to accommodate my disability while I attend UNC Charlotte. The following necessary information regarding my personal attendant which is hereby provided and which I agree to provide to the University, when possible, prior to any change, and no later than within twenty-four (24) hours of any change. ***The Attendant or their agency may assist in providing the information.***

Attendant's name: _____

Attendant's phone number: _____

Agency providing attendant, if applicable: _____

Agency address & phone number providing attendant, if applicable: _____

Attendants not affiliated with an agency, provide personal address: _____

Attendant's driver's license information: _____

State Number

Attendant's vehicle information: _____

Make Model Year Color

Attendant's vehicle registration information: _____

State Tag Number

****I understand that back ground check information and a scanned copy of my attendant's driver's license must also be provided to Disability Services****

I hereby certify that either I or the company with which I have contracted to provide me with a personal attendant have carefully reviewed the personal attendant's background information, including an adequate criminal background check and have determined that the attendant is not a possible risk to the safety of the students, employees, or the property of the University. I will promptly notify the University if the personal attendant is charged with **any** crime of violence (including stalking or communicating threats), theft, drug possession, assault or arson, or any other crime that would create a concern of safety by a reasonable person.

I realize that all personal attendants are expected to follow all applicable University policies, regulations, rules and procedures. Further, personal attendants are not allowed to participate in or interfere with classroom activities or discussions, or in any way disrupt the classroom or instructor. If a personal attendant fails to abide by such policies, regulations, rules, and procedures and/or causes a fundamental alteration in services, programs, or activities, then the Office of Disability Services or other University representative may make a determination that the personal attendant will not be allowed to accompany the student with a disability in the classroom, and/or other University sites. If a personal attendant who resides in University housing fails to abide by the Contract for Residential Services signed by me and the policies, regulations, rules and procedures related to housing, Housing and Residence Life may make a determination that the personal attendant will not be allowed to live with me in University housing or have access to University housing. It is my responsibility to secure the services of another personal attendant in the event a personal attendant becomes unable to perform services for me or if the University makes a determination that the personal attendant is not allowed access to some or all of the University's campus.

I accept full responsibility and agree to hold harmless, defend and indemnify the University, its employees and representatives, for the content of any lecture or for any information that my attendant may receive while acting as my attendant.

In the event of a dispute relating to the use of a personal attendant, I agree to follow the Student Grievance Procedures.

Student's Signature: _____ **Printed Name:** _____ **Date:** _____

INCOMPLETE FORMS WILL NOT BE PROCESSED