



The University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, N.C. 28223-0001

Disability Services/Fretwell 230
Voice/TDD 704/687-4355
FAX 704/687-3226

I, _____, have provided the medical documentation establishing that I require a personal attendant to accommodate my disability while I attend UNC Charlotte. The following is the 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:

Name of personal attendant:

Company providing personal attendant, if applicable:

Address of company providing personal attendant, if applicable:

Telephone number for company providing attendant, if applicable:

Telephone number of personal attendant:

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.

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.

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.

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

Signed: _____

Printed Name: _____ Date: _____