

**Langston University**  
**Office of Student Disabilities Services**  
**P. O. Box 1500**  
**Langston, Oklahoma 73050**

**Receipt of Students' with Disabilities Handbook**

I have received a copy of the Students with Disabilities Handbook. I understand it is my responsibility to read this brochure and if I have questions regarding policies and procedures, I can contact the ADA Compliance Office for clarification.

By signing this form I am acknowledging that I have received a copy of the Students with Disabilities Handbook

Classification: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADA Compliance Office \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

