



## STUDENT STATEMENT OF DECLINE

District Form EE-F6

Southern Oklahoma Technology Center  
2610 Sam Noble Parkway  
Ardmore, OK 73401  
580-223-2070 ext. 8263 Fax: 580-224-9441

*If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom accommodations that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge and abilities. Section 504 of the Rehabilitation Act of 1973*

I, \_\_\_\_\_, HAVE BEEN GIVEN A SOUTHERN OKLAHOMA TECHNOLOGY CENTER 504 STUDENT REQUEST FOR ACCOMMODATION. I UNDERSTAND MY RIGHTS AND THAT AT ANY TIME I MAY CHOOSE TO PARTICIPATE IN A 504 BY CONTACTING THE SOTC COUNSELOR.

### **AT THIS TIME, I ELECT NOT TO PARTICIPATE IN THE 504.**

PRINT NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

ACCOMMODATIONS *DECLINED* INCLUDE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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