



**The Americans with Disabilities Act – Section 504**

**Voluntary Accommodation Revocation Form**

**(Student Name)\_\_\_\_\_ has voluntarily and willfully revoked accommodations set forth by the ADA Counselor under Section 504 of the Rehabilitation Act of 1973 at Piedmont Technical College for the following educational activity:**

\_\_\_\_\_ .

**The student understands that this voluntary revocation will only be applied to this specific activity and the previous accommodations will be reinstated for all future activities.**

**Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

