

## Reader and/or Scribe Accommodation Attestation

Student Name:
Student Number:
Course Code:
Instructor:
I am a student registered with Queen s Student Accessibility Services (QSAS) and I am approved for the support of a Reader and/or a Scribe as an exam accommodation.
Due to exceptional circumstances stemming from COVID-19, I am permitted to ask someone in my home to perform the role of Reader and/or Scribe. I confirm that I and my helper have read and understand the QSAS guidance for the <a href="Reader">Reader</a> and/or <a href="Scribe">Scribe</a> accommodation.
I certify that
Date:
Student Name/Sgnature: