

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 [Reader](#) and/or [Scribe](#) accommodation.

I certify that my Reader/Scribe will not assist me in any way during my exam beyond the role as described by QSAS.

Date:

Student Name/Signature: