



**A.D.A.
Americans with Disabilities Act**

Receipt by Faculty/Staff

Please complete the information requested below and return this form to the Langston University Human Resources Office located on the second floor of Page Hall.

By signing this form, I am acknowledging that I have received a copy of the Americans with Disabilities Brochure for Disabled Faculty/Staff. If I have questions regarding A.D.A. policies and procedures, I may contact the A.D.A. Compliance Officer for clarification.

Faculty/Staff Name: _____

Faculty/Staff Signature: _____ **Date:** _____

Professional Title: _____

Assigned Department: _____

Supervisor's Name: _____

A.D.A. Compliance Officer's Signature: _____ **Date:** _____