

Name of Personal Care Attendant: _____

TU ID Number of Personal Care Attendant: _____

Name of Student Registered with Accessibility & Disability Services: _____

- I understand that my employment and services contract is between myself and the student/family and/or the agency for whom I work, and that I have no employment relationship or contract with Towson University of any kind. In addition, I hereby release Towson University from any and all claims or causes of action that could arise in connection with my work for the student/family and/or the agency for whom I work.
- I understand that I am being issued a Towson University OneCard for the sole purpose of my role as a Personal Care Attendant, and that in the event I am no longer employed by this student, I will surrender my OneCard and any keys that I have been issued to Accessibility & Disability Services (ADS) immediately upon termination of my employment.
- I understand and agree that proof of all immunizations required by students must be provided prior to serving as a PCA.
- I confirm that I have submitted a copy of my required Criminal Background Investigation conducted by my employing agency. I understand that I will also be responsible for paying the fee for the required background investigation. I am also certifying that I have received and read a copy of Towson University's Personal Care Attendant Guidelines and that all information about me on this form is correct and true.
- I understand that I may be subject to removal from the residence halls, expulsion from the university campus, loss of privileges or any other action the University considers appropriate in the event the University decides that I have acted in a manner inconsistent with above or if I have falsified any information on this agreement.
- By signing this agreement, I confirm that I have received and read a copy of Towson University's Personal Care Attendant Guidelines and that all information about me on this form is correct and true.

PCA Signature: _____

Date: _____

Towson University Student Signature: _____

Date: _____