# College Accessibility Risk Acceptance Form

## Purpose

This form documents the risk assessment and the reasoning for the decision to procure a product or service for use at [College Name] that does not meet current accessibility standards (WCAG 2.1 AA) and does not have a roadmap to meet the standards. The analysis includes an assessment of risk associated with the decision, including regulatory action to include potential fines and/or restrictions imposed on the College and cost associated with increased risk of litigation due to use of the non-compliant product/service.

## Product Information:

* Product Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Vendor/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Description/Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate efforts made to receive accessibility documentation.

Note pertinent correspondence, vendor response, and additional efforts made to request appropriate documentation sufficient to support due diligence.

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## Accessibility Compliance Status (check all that apply):

☐ **No VPAT** (Voluntary Product Accessibility Template is unavailable)  
☐ **No Conformance & Remediation Form** from vendor

## Acknowledgment of Non-Compliance:

The above product has been reviewed and found to lack full accessibility compliance, specifically:

☐ Lacks vendor documentation or an agreed remediation plan

☐ Does not plan to conform to WCAG 2.1 Level AA standards

Please provide a narrative justification for the purchase of this product. The statement should include: (1) the specific reasons for selecting the non-compliant product, (2) whether there were other products available that were compliant, (3) what efforts were made to identify comparable products that were compliant, (4) efforts made to negotiate with the vendor to achieve compliance or a timeframe for compliance, and (5) an assessment of the cost/benefit and risk analysis that supports moving forward with this purchase, including why the associated risks are considered acceptable.

Statement of justification:

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| (INSERT COLLEGE DEPARTMENT NAME):    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | VICE PRESIDENT/CHIEF OFFICER FOR DEPARTMENT:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Name and Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| COLLEGE PRESIDENT:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Intentionally left blank |