**(Insert Name) Policy**

Accommodations for individuals with disabilities in accessing these policies are available upon request by emailing accessiblepolicy@wcupa.edu

**This policy has been rescinded on (Date), as approved by Name, title [only when applicable - and has been incorporated into the NAME policy].**

*Only the name and title of President, Executive Vice President, or appropriate Vice President can rescind a policy (delete this sentence when complete you rescinded policy).*

**Approved for Rescission by:** Digital Signature applied here

 Name

Title

Date

**Effective Date of Rescission:** add date

**History:**

**Initial Approval:** Insert date or year of initial approval if known. If not, put Unknown