THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

DIGITAL ACCESSIBILITY POLICY

INTERIM

Number **06.09.07**

Division **Administration – Office of Risk Management and Compliance**

Date **March 23, 2026**

Purpose The University of Alabama in Huntsville ("UAH" or "University") is committed to ensuring equal access to its information, programs, services, and activities for all individuals, including those with disabilities. In accordance with Title II of the Americans with Disabilities Act ("ADA") and Section 504 and Section 508 (where incorporated by reference or contract) of the Rehabilitation Act of 1973, this policy is intended to set forth a framework for the accessibility of digital resources at UAH.

Scope This policy governs all University activities related to the use, development, modification, distribution, curation, or acquisition of digital resources for the University and its constituents (including students, faculty, staff, contractors, and volunteers).

Policy The University recognizes and adopts the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA as its baseline accessibility standard. UAH shall use this standard, or any successor standard adopted by federal regulation or authoritative federal guidance, as its official standard for the accessibility of all new and substantively revised digital resources, and for existing active digital resources consistent with the implementation timelines, exceptions, and remediation mechanisms outlined in this policy. This policy extends to all digital resources created, procured, or used by the University Community, including those provided by or through third parties.

All digital resources must either comply with the accessibility standards in this policy or meet one of the specific exceptions outlined in this policy. In cases where an exception applies, the University is still obligated to provide individuals with disabilities timely access to the information or service through an equally effective alternative upon request or when a need is known or reasonably anticipated. The academic or administrative unit responsible for creating or maintaining a digital resource is responsible for ensuring its compliance with this policy and for **proactively** developing equally effective alternative access plans where exceptions have been granted.

All members of the University Community who create, publish, or manage digital content and/or software systems and/or services are responsible for complying with this policy and for participating in any required accessibility training.

Definitions

- **Accessibility Conformance Report** ("ACR"): A detailed report that documents how well a digital product meets specific accessibility standards (WCAG, etc.). ACRs may incorporate information from VPATs (as defined below) but are independently authored (typically by a third party) assessments based on testing and evaluation of a digital product against applicable accessibility standards.
- **Accessible:** Providing individuals with disabilities the opportunity to acquire the same information, engage in the same interactions, and participate in the same programs, services, and activities as individuals without disabilities, in an equally effective, equally integrated manner, and with substantially equivalent ease of use. Individuals with disabilities must be able to obtain and use information, services, and program benefits as fully, equally, and independently as individuals without disabilities.
- **Active Digital Resources:** Digital resources that are created, first made available, or substantively revised on or after April 24, 2026, or digital resources made available at any time that are necessary to the University's current academic, administrative, or operational programs, services, or activities.
- **Digital Resources:** All information and communication technology used or provided by the University, including but not limited to websites, web applications, mobile applications, digital kiosks, learning management systems, third-party platforms used for instruction or administration, electronic documents (e.g., portable document formats [PDFs], Word documents, presentations), software applications, videos, and audio files, regardless of hosting location or vendor.
- **Equally Effective Alternative Access Plan** ("EEAAP"): A formal, proactive strategy used to provide individuals with disabilities equivalent access to information or services when a technology product (e.g., software, websites, or digital documents) is not fully accessible. An EEAAP ensures an individual with a disability can achieve the same outcomes, benefits, or level of participation as others. EEAAPs outline barriers, describe specific workarounds (e.g., providing a written transcript for an inaccessible video), assign compliance and maintenance responsibility, set timelines, and detail necessary resources to ensure timely, accurate, and appropriate alternative access. EEAAPs must be implemented in a Timely Manner upon request and without undue delay, such that individuals with disabilities are not required to wait longer or experience diminished access compared to others. EEAAPs do not substitute for remediation where remediation is technically feasible.
- **Legacy Digital Resources:** Digital resources that were created or first put into use prior to April 24, 2026, that have not been substantively modified or republished on or after that date, are kept in a special area for archived content, and that are retained solely for archival, historical, legal

records retention obligations, or other record-keeping purposes. Legacy Digital Resources are not used to provide or support the institution's current programs, services, or activities and are not required for individuals to participate in or benefit from those programs, services, or activities. If a Legacy Digital Resource becomes necessary to support a current program, service, or activity, it shall no longer be treated as a Legacy Digital Resource and must be reviewed for accessibility compliance. Routine technical maintenance or migration without substantive content change does not, by itself, constitute substantive modification.

- **Timely Manner:** Providing accessibility features, auxiliary aids and services, reasonable modifications, or equally effective alternative access without unreasonable delay and sufficiently in advance of, or at the time of, the need for access to ensure that individuals with disabilities are able to acquire information, engage in interactions, and participate in programs, services, and activities with substantially equivalent ease, effectiveness, and independence as individuals without disabilities. Timeliness is evaluated based on the totality of circumstances, including the nature of the program, service, or activity; the complexity of the accessibility solution; and the impact of delay on the individual's ability to participate equally. Delay is not considered reasonable if it results in denial of meaningful access, loss of program participation, or the need for the individual to accept reduced, segregated, or less effective access when an accessible or equally effective option could reasonably have been provided sooner.
- **UAH Website:** Any site published at uah.edu maintained by the Office of Marketing and Communications ("OMC"), as well as any official UAH site maintained or operated by individual departments or units, including those hosted on third-party systems.
- **University Community:** Faculty, staff, students, contractors, volunteers, and any other entity working on behalf of the University.
- **Voluntary Product Accessibility Template ("VPAT"):** A standardized document template that digital product/service providers use to report how their products/services conform to accessibility standards such as WCAG. VPATs are typically used to compile ACRs. The template translates WCAG accessibility requirements and standards into actionable testing criteria and are used to record testing results for each of those criteria.
- **Web Accessibility Initiative ("WAI"):** An effort by the World Wide Web Consortium ("W3C") to improve the accessibility of the World Wide Web for individuals with disabilities.
- **Web Content Accessibility Guidelines ("WCAG")**: The internationally recognized technical standards for digital accessibility developed by the World Wide Web Consortium (W3C).

Applicability

The policy encompasses the following areas:

- Web platforms and mobile applications accessible to external audiences;
- Internal digital systems supporting educational and operational activities (including, but not limited to, registration platforms, learning management systems, digital kiosks, payment kiosks, software applications, and administrative portals);
- Electronic media, including digital documents (such as PDFs, word processing files, and spreadsheets), multimedia content (audio, video, animations, interactive content), graphics and images, and presentation materials (slides and handouts);
- Interactive digital displays and automated service stations; and
- Technology solutions obtained through external suppliers.

Accessibility Documentation

Business and Procurement Services shall require a current ACR (preferred), VPAT, HECVAT 4.0, or equivalent documentation as part of the procurement process. The Office of Risk Management and Compliance ("ORMC") and Office of Information Technology ("OIT") shall review vendor-supplied ACRs, VPATs, and/or HECVATs and may require independent testing for high-risk procurements. Requesting departments or units are responsible for requesting ACRs, VPATs, and HECVATs from external product providers and cloud-based platforms.

Vendor Requirements

External providers and cloud-based platforms must adhere to accessibility requirements as outlined in procurement agreements, service contracts, or other binding arrangements with the University. All vendor agreements for technology services must contain accessibility compliance clauses whereby suppliers confirm their dedication to delivering solutions that align with the University's accessibility requirements for all institutional technology implementations.

Training and Resources

The University provides accessibility information and resources through various platforms. Information on current resources, including training opportunities for digital resource accessibility, may be found on the University's Accessibility website. Some employees, depending on their specific roles and responsibilities, may be required to complete digital accessibility training.

The Office of Risk Management and Compliance ("ORMC"), the Office of Marketing and Communication ("OMC"), the Enhanced Teaching and Learning Center ("ETLC"), Disability Support Services ("DSS"), Office of Human Resources ("HR"), and any other appropriate office on campus will provide training, resources, and consultation to the campus community as appropriate.

Non-Compliance

The University conducts regular assessments of digital materials to ensure adherence to accessibility standards. Reviews may also be triggered based on user complaints. The entity, department, or unit responsible for non-compliant digital resources will receive notification requiring corrective actions within thirty (30) business days. The thirty (30) business-day remediation period may be adjusted by ORMC based on the nature, scope, and severity of the accessibility barrier, provided that interim access is made available where required. The remediation period may be shortened where Tier 1 (see Appendix A) barriers require quicker action or interim access.

The corrective actions may include, but are not limited to:

- Remediate the accessibility issue (see Appendix A – Remediation Priority Framework);
- Develop an EEAAP;
- Voluntarily discontinue use of the non-compliant resource; and/or
- Petition for an exemption from the policy (see Exemptions).

Digital resources that remain non-compliant after the thirty-day period, without an approved EEAAP or exemption, will be prohibited from use at the University until accessibility standards are met.

Failure to remediate non-compliance may result in additional administrative measures including, but not limited to, suspension of digital asset procurement privileges, suspension of web posting privileges, or other actions consistent with applicable University policy and federal requirements. Units may appeal compliance determinations through established University complaint resolution processes.

Exemptions

Units may petition for policy waivers in circumstances where accessibility conformance is not appropriate due to:

1. Technical infeasibility: compliance cannot be achieved through available technical solutions, or
2. Undue burden: compliance would demand disproportionate implementation efforts given the resource's specific purpose, or
3. Fundamental alteration: compliance would substantially compromise the digital resource's core functionality and undermine its intended objectives.

Exemption requests will be reviewed and processed through and by the ORMC. The ORMC may consult with other campus stakeholders (ETLC, Academic Affairs, colleges, centers, legal counsel, etc.) as appropriate to the request. ORMC exemption determinations under this policy may be appealed first to the Chief Administrative Officer and finally to the President.

Exemption request forms must be submitted through the appropriate submittal mechanisms as described on the University Accessibility website. Exemption requests must demonstrate legitimate barriers beyond budgetary considerations alone. Each exemption request will undergo individual review and determination based on its particular merits and circumstances.

Consistent with the applicable federal accessibility standards, this policy's accessibility standards may not be required for the following specific categories of content:

1. Legacy Digital Resources as defined above.
2. Unsolicited content posted by Third Parties: Content posted by third parties on University platforms (e.g., comments on a social media forum), **unless the third party is posting due to a contractual or licensing arrangement with the University or is otherwise acting on behalf of UAH**.
3. Individualized, Password-Protected Content: Electronic documents that are password-protected and specific to an individual, such as student transcripts or individual employee benefits information (unless accessibility is required for the individual recipient). This exemption only applies to word processing, presentation, PDF, and spreadsheet files.
4. Pre-existing Social Media Posts: Social media posts made by the University before April 24, 2026.

Exemptions shall be interpreted narrowly and consistent with applicable federal law. **When an exemption is allowed, the University must still provide the information or service in an equally effective accessible format to an individual with a disability upon request**. Exemptions apply only to technical conformance requirements and do not relieve the University of its obligation to provide equal access under ADA Title II and Section 504.

When an exemption is granted for a digital resource that cannot be made fully accessible for legitimate technical or functional reasons, the unit must be able to provide an alternate, fully conforming version or method that enables individuals with disabilities to access the same information, participate in the same interactions, or complete the same transactions with substantially equivalent timeliness, ease of use, and independence. Alternate access solutions may include, but are not limited to, accessible companion portals, equivalent data exports, human-assisted workflows, or other comparably effective mechanisms that meet WCAG 2.1 AA or current federal standards. These alternate formats or processes **must** be made available at the time the exempted system is in use and must not require an individual with a disability to experience delay or reduced functionality.

Remediation

The University shall remediate issues of non-compliance in accordance with Appendix A – Remediation Priority Framework.

Governance

The ORMC is responsible for the oversight of this policy. ORMC will provide resources, review accessibility progress and challenges, and make policy and implementation recommendations. ORMC will have auditing authority to review institutional as well as department and unit compliance with this policy.

The University ADA Advisory Committee will have responsibility for monitoring institutional compliance efforts related to digital resource accessibility, and shall include digital accessibility compliance information in annual reporting to the University President and senior leadership.

Questions

For accessibility questions, concerns or for additional information please contact accessibility@uah.edu or (256) 824-6875 or visit the University Accessibility website.

Review

This policy shall be reviewed by the Chief Risk & Compliance Officer, with input from the ADA Advisory Committee, every five (5) years and updated as needed.

Appendix A: Digital Accessibility Remediation Priority Framework

1. Purpose

This Remediation Priority Framework establishes a standardized, risk-based methodology for identifying, evaluating, sequencing, and tracking the correction of digital accessibility barriers. The framework ensures institutional remediation efforts prioritize barriers that present the greatest risk of exclusion from programs and services, institutional compliance exposure, or interruption to core operational functions.

2. Scope

This framework applies to all University Digital Resources, including but not limited to websites, applications, learning technologies, enterprise systems, electronic documents, multimedia content, and third-party hosted platforms used to conduct University business or deliver programs, services, or activities.

3. Guiding Principles

Remediation prioritization shall be guided by the following principles:

User Impact First: Barriers that prevent or substantially limit access to required programs, services, or benefits receive highest priority.
Civil Rights and Regulatory Risk Awareness: Barriers affecting access to required educational, employment, healthcare, or public-facing services increase institutional risk and elevate remediation priority.
Essential Function Preservation: Systems supporting enrollment, instruction, employment, healthcare, safety, or regulatory compliance functions are prioritized.
Documented Good-Faith Progress: When immediate remediation is not technically feasible, the implementing department or unit will document remediation planning, interim access measures, and measurable progress.
Transparency and Accountability: Prioritization decisions and remediation progress must be documented and subject to review.

4. Remediation Priority Tiers

Tier 1 — Critical Access Barriers

Definition: Barriers that prevent or severely limit independent access to required institutional programs, services, or benefits.

Examples

- Inaccessible admissions, registration, financial aid, payroll, or benefits systems
- Inaccessible required instructional materials in active courses
- Inaccessible emergency notifications or safety communications
- Barriers preventing authentication or system login
- Barriers affecting patient-facing or clinical service technologies

Expected Response

- Remediation initiated immediately upon identification
- Interim alternative access provided as soon as feasible
- Full remediation completed as quickly as technically feasible

Tier 2 — High-Impact Functional Barriers

Definition: Barriers that do not fully prevent access but significantly reduce usability, independence, timeliness, or privacy.

Examples
- Required forms that require assistance to complete
- Missing captions or transcripts in required instructional media
- Navigation incompatible with assistive technology
- Inaccessible required training or compliance modules

Expected Response
- Remediation initiated on an expedited basis
- Target completion based on technical complexity and operational impact

Tier 3 — Moderate Impact Barriers

Definition: Barriers that affect usability but do not prevent access where reasonable workarounds exist.

Examples
- Improper document or page structure
- Color contrast deficiencies in non-critical content
- Missing alternative text in non-instructional images
- Minor keyboard navigation inefficiencies

Expected Response
- Remediation scheduled within planned update or remediation cycles

Tier 4 — Low Impact, Legacy, or Archived Content

Definition: Barriers present in legacy, rarely accessed, or non-essential content not required for current participation in University programs or services.

Examples
- Historical archives
- Obsolete course materials
- Legacy administrative records maintained for retention purposes

Expected Response
- Remediation upon request, during modernization efforts, or when content is reactivated

for use

5. Mandatory Priority Escalation Factors

Regardless of assigned tier, remediation priority must be elevated when any of the following apply:

- An individual accommodation request requires access to the resource
- Content is required for participation in a current academic term or active program
- The barrier affects public access to required University services
- The barrier is associated with a complaint, investigation, audit finding, or legal matter

6. Interim Alternative Access

When immediate remediation is not feasible, units must provide equally effective alternative access that is:

- Timely
- Accurate
- Provided in a manner that preserves independence and privacy to the maximum extent possible

Examples may include accessible alternate document formats, expedited content conversion, or direct service assistance.

7. Documentation Requirements

For each identified accessibility barrier, units must document:

- System, platform, or content location
- Description of the barrier
- Affected user populations
- Assigned priority tier and justification
- Interim access measures (if applicable)
- Responsible unit and remediation owner
- Target remediation timeline
- Status updates and completion confirmation

8. Governance and Oversight

The University shall maintain oversight structures to support consistent implementation of this framework, including:

- Central accessibility function responsible for standards, consultation, and monitoring
- System and content owners responsible for executing remediation
- Institutional leadership oversight for high-risk or enterprise-wide issues, as appropriate

9. Metrics and Continuous Improvement

The University will monitor remediation effectiveness through metrics such as:

- Resolution timelines by priority tier
- Volume and type of barriers identified through audit versus user report
- Recurring barrier patterns indicating training or systemic issues
- Progress toward enterprise accessibility maturity goals