

Disability Services: Request for Academic Accommodations and Faculty Notification

FALL _____ SPRING _____ MAY _____ 20 _____

Student Name (please print)

Student ID #

Email Address

Phone Number

DIRECTIONS: Please list any individual(s) whom you wish to be informed of your need for academic accommodations. It is important to completely fill in the requested information for each class. Return the completed form to Disability Services in 110 Holmes Hall.

Department & Course Number <i>or</i> Course Name	Faculty Information – First Initial & Last Name
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

_____ Check here to have a copy of your letter sent to your faculty advisor: _____
Advisor's name

PLEASE READ AND SIGN:

I understand that it my responsibility to meet with listed faculty members, discuss my accommodation email, and directly inform him/her that I need academic accommodations in their course.

- In many instances, it will be most helpful for you to discuss your needs in more detail with individual faculty members. **It is your decision alone whether or not to disclose to your instructors the specific nature of your disability (dyslexia, epilepsy, ADD, etc.).** It is recommended that you advocate for yourself early in the semester, giving faculty time to make necessary changes in their course preparation, delivery, or testing plans. This also helps faculty more clearly understand how they can best assist you. The Academic Advising Center and your faculty advisor(s) may be additional sources of support.

I understand that my request for accommodations will be based on a documented disability and the supporting documentation currently on file with Disability Services.

- Upon my request for notification, faculty, advisors, and staff will be notified via email only of the specific academic accommodations that should be granted; the specific nature of my disability and the actual evaluation data will not be released unless specifically requested by me.

I understand that this authorization for accommodation only applies to the current academic term (indicated above).

Student Signature: _____ **Date:** _____