



## Disability Accommodation Letter

To: \_\_\_\_\_ (faculty name)

Class \_\_\_\_\_ Semester \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

This student meets the criteria to receive accommodations in his/her class(es) pursuant to Section 504, Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Please review the student's specific accommodations below and contact the Advising/Counseling office if you need any assistance in meeting the student's needs. Please sign and return this form to the Advising/Counseling office.

- Student may use recording device during lectures.
- Student may need to have printed information enlarged.
- Student must lip-read. Needs seating near front with clear view of instructor.
- Student will use an interpreter, which must stand next to the instructor.
- Student must communicate in writing.
- Student needs your help in finding a classmate willing to share their class notes.
- Student may need special assistance for lab work, etc.
- Student may need special test conditions:  Extended time to complete test, up to \_\_\_\_\_ times  
 Oral testing \_\_\_\_\_  
 Testing in a private location
- Student may need extended time for in-class assignments, up to \_\_\_\_\_ times.
- Disabled Parking
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date