

Subject: Faculty Notification Form

**Services for Students With Disabilities
Faculty Notification Form - Sample**

Term/Year: Date: Initial Revised
Student Name: SSN:
Faculty Name:
Course:
Mailing Code:

The above named student has provided documentation verifying the following disability(ies):

In accordance with the Americans With Disabilities Act of 1990 and the Rehabilitation Act of 1973, Section 504, the following are recommended "reasonable accommodations" for instructional activities:

Additional information about this student:

If you need additional clarification or assistance providing the above accommodations, please feel free to contact me in Building 410, Room 210, or at extension **6303**. Thank you for your cooperation.



Counselor (routing code, CD-M)

Note: Please retain this form for your records.

If you can provide the accommodation, you do not need to submit the response form. If you have questions , concerns or cannot provide the accommodation, please complete the response form. To submit the reply form click the link below .

<http://www.tridenttech.edu/counsel/disabilities/MiddletonResponse.htm>