

Name: _____

Semester/Year _____

Please provide the following information after you have registered for classes for the semester; use the example provided for format. Include all labs, as well. With your consent at the bottom, Learning Services will use the information you provide to notify your instructors of your requested accommodations. Thank you.

Course Department & Number	Instructor
ENG 112	R. Allen

Please check one and sign at the bottom.

- I give permission for Learning Services to inform all instructors listed above of my requested accommodations as agreed upon by the Coordinator of Disability and Learning Support Services and me.
- I give permission for Learning Services to inform all instructors listed above of my requested accommodations this semester, but only for the following class(es):

- I am not requesting any accommodations this semester.

Student's Signature

Date

For office use only. Do not write below this line.

Date Received: _____

Letters sent: _____