

**NOTIFICATION TO FACULTY**

CONFIDENTIAL

This form certifies that the following student has presented the necessary documentation to authenticate the student's disability.

The information contained in this document is CONFIDENTIAL and should not be disclosed to a third party without the express permission of the student. Any question should be referred to the Offices of Student Disability Services.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Social Security No.

BASED ON OUR ASSESSMENT, THE FOLLOWING  
ACCOMMODATIONS ARE NECESSARY.

- Use of class note taker
- Use of tape recorder in classroom
- Extended testing time for essay exams
- Extended testing time for objective exams
- Extended testing time for math exams
- Testing in a distraction reduced environment

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date