



Accessibility Resources

ACCOMMODATION NOTIFICATION REQUEST

I, _____, am requesting accommodation notification be forwarded to the following instructors for _____ semester 20____.

1. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

2. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

3. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

4. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

5. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

6. Course Prefix & Number: _____ Instructor: _____
Course Name: _____

The above is a list of all instructors I request be notified of my accommodations. I understand that if there are any changes, it is my responsibility to notify Accessibility Resources and the instructors not listed above will not receive an accommodation notification.

Signature: _____ **Date:** _____