

Students with a Disability: Permission for Faculty Notification

Semester _____ Year _____

I grant permission to CDSP to notify the following faculty members (including advisors, course instructors, examiners, and/or committee members) of the accommodations CDSP approved for me, in order that they may assist in the implementation of these accommodations to my disability.

*Forms should be turned in prior to the add/drop date each semester. When complete, return the form to the Dean of Students office or ahybl@cdsp.edu

*Notification to faculty members will be sent on the Monday following the add/drop date for registration. Students are responsible for notifying the Dean of Students of any changes made to their class schedule.

Student name: _____

Student signature: _____

Date: _____

Faculty Member	Role (Prof., Advisor)	Faculty Email	Course Number
1.			
2.			
3.			
4.			
5.			
6.			