

# Accessibility Services: Permission for Faculty Notification

Semester \_\_\_\_ Year \_\_\_\_

**[THIS FORM MUST BE SUBMITTED EACH SEMESTER]**

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

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Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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