

Students with a Disability: Permission for Faculty Notification

Semester _____ Year _____

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

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