

Faculty/Student Accommodation Agreement Memorandum

Date: Fall Semester 2007
To: Faculty
From: Access Center
RE: Disability Accommodations

Attached please find the **Faculty Accommodation Verification Letter**. This student has been approved for the following accommodations, **flexibility with attendance and/or flexibility with assignment due dates**, therefore, the two of you **MUST** meet privately to discuss and agree to specific guidelines regarding these accommodations. The agreement must be put in writing in the space below and signed by both the instructor and the student. The instructor needs to give the student a copy of the signed agreement and fax the original copy to the Access Center, 303-556-6852. You are encouraged to contact the Access Center regarding any questions you may have, 303-556-8387. **Important Reminder**, information pertaining to the student's disability is strictly confidential. It is solely at the student's discretion whether or not to self-disclose information about their disability.

Flexibility with attendance agreement: _____

Flexibility with assignment due dates agreement: _____

My signature below indicates that I agree with and will abide by the specific written guidelines described above.

Faculty Signature

Print Name

Date

Student Signature

Print Name

Date

Fax completed form to 303-556-6852