

ALABAMA STATE UNIVERSITY

ACCOMMODATIONS VERIFICATION

STUDENT'S NAME: _____ DATE: _____

STUDENT I.D. # _____ ADA Liaison: _____

The above-named student has been advised to present their Americans with Disabilities Act academic adjustment request letters. Your signature on this form will verify that you have received and read the request. The student is instructed to present their accommodations request no later than one week from the date on the request form. If problems occur, contact the ADA Liaison in Disability Services, John G. Hardy Student Center Room C1-58, and 229-5127 or 229-5134.

This document is for verification purposes and shall not be shared with any party except to the extent necessary to carry out appropriate adjustments. However, this document shall be subject to review by appropriate authorities to ensure compliance by Alabama State University with applicable rules, regulations, and statutes.

<u>Office Extension/Location</u>	<u>Instructor's Signature</u>	<u>Date</u>	<u>Student's Signature</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT: Instructor, please maintain an accurate record of the type of services rendered to the student including the date, time, and place services were provided. Please include the location of your office so that correspondence may be sent to you.

This form will become a permanent part of the student's file.