Office of Accessibility Services  
1st Floor, Mahoney Library  
Lisa Seneca, Coordinator x 4261  lseneca@cse.edu

Semester:

To: Faculty Member/Advisor

_________________________ has taken the responsibility of providing me with all the documentation that is required for us to complete her Accommodation Plan (and Evacuation Plan, if applicable).

Please complete the information below, and return to my office within one week of receipt of your copy of this student’s Accommodation Plan.

Your signature below confirms that you understand the vital importance of the confidentiality of this plan and that you will keep it in a secure place and not share the information it provides with anyone.

Faculty/Advisor Information:

Today’s date: ______________________

Name: __________________________ Signature: __________________________

Course name AND course number (ex: CSE100): __________________________

Classroom location __________________ Office location: __________________

Email: __________________________ Phone number: ______________________

Office hours ____________________ Your role with student: ____faculty ____advisor ____other

***Upon your completion, student must return this form to the Accessibility Services Coordinator.