

**Disability Support Services Center
Liberty Campus, Main Bldg. 023
(410) 462-8585 /PH (410) 462-8556 /FAX (410) 462-8584 /TTY**

REASONABLE ACCOMMODATION FACULTY SIGNATURE PAGE

The accompanied Accommodation letter that I have received contains important information about the Student's classroom, testing, and if applicable other accommodations. I understand that I am expected to read and understand the entire accommodation form. I should consult the Disability Support Services Center regarding any questions or concerns I may have.

Since the information/accommodation described herein is subject to change, I acknowledge that revisions to the form may occur. All such changes will generally be communicated through a revised accommodation form.

Additionally, I will sign this signature page as acknowledgment of receipt, retain the accommodation form and understand that the form be retained in my file.

_____ Professor Signature	_____ Date
_____ Professor Signature	_____ Date
_____ Professor Signature	_____ Date
_____ Professor Signature	_____ Date
_____ Professor Signature	_____ Date
_____ Professor Signature	_____ Date

Student Name