



## Faculty Referral for Accommodation and Accessibility Services

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Referring faculty member (please print): \_\_\_\_\_

Class(es): \_\_\_\_\_

### PRESENTING SITUATION:

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I have read and understand the above referral, and I authorize the faculty member named above to share and discuss the appropriate information pertinent to this referral with the Office of Accommodations and Accessibility (OAAS) staff. I also authorize OAAS personnel to share and discuss information about my progress through services to the faculty member.

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Student Signature

Date

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Referring Faculty Member Signature

Date