



GLENVILLE
STATE UNIVERSITY

Faculty Referral for Accommodation and Accessibility Services

Student: _____ Date: _____

Referring faculty member (please print): _____

Class(es): _____

PRESENTING SITUATION:

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.

Student Signature

Date

Referring Faculty Member Signature

Date