

12SU REQUEST TO SEND NOTICE/LETTER OF DISABILITY TO INSTRUCTORS

Student _____ ID# _____ Date _____
 Box _____ Phone _____ Email _____ Adviser _____

Please send the form checked below to the instructors indicated below (choose one):

- Notice of Disability Form (for LD)
 Letter of Disability (for non-LD)

Please read the following statements, initial next to each one, and sign below. Your signature indicates that you have read these statements and agree to abide by Student Support Services policies and procedures.

_____ I understand that receiving accommodations in an academic class does not lessen my responsibility for meeting all the requirements of my courses.

_____ I understand that I am responsible for my own time management during exams taken in Student Support Services. When my time is up, I am responsible for turning in my test and any related materials to Student Support Services immediately.

_____ I understand that all exams scheduled in Student Support Services start on time. If I arrive late to a scheduled exam in Student Support Services, I understand that I am still responsible for turning in my exam at the originally scheduled time.

_____ I understand that I am bound by the Lewis & Clark Student Code of Conduct, and agree to respect the integrity of my exam and Student Support Services by adhering to these policies.

I have read the above statements and agree to abide by these policies and procedures.

Signature _____

Write the course title & number and the instructor's name, to whom you want your letter or notice of disability sent, below:

| Course Number and Title | Instructor | OFFICE USE ONLY | | |
|---|------------|-----------------|--------------------|---------------|
| | | Date Form Sent | Date Form Returned | Reminder Sent |
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| <input type="checkbox"/> Copy to Adviser | | | | |
| <input type="checkbox"/> Copy to Writing Ctr. | | | | |
| <input type="checkbox"/> Copy to | | | | |