



FACULTY ACADEMIC ACCOMMODATION FORM

Office of Disability Services
 3 College Drive
 Brunswick, GA 31520
 Phone: 912.279.5806

Student Name: _____

In accordance with the Americans with Disabilities Act, this student has presented documentation of a specific disability. This information noted on the attached letter, is CONFIDENTIAL and should be discussed privately between you and the student. To ensure ADA mandated confidentiality, do not discuss/refer to a student's disability in front of others. If you have any questions regarding the accommodations, please contact Jennifer Zak, Coordinator of Student Disability Services at 279-5806 or by email at jjzak@ccga.edu. Thank you for your assistance in this matter.

_____ Semester Schedule

Course	Instructor's Signature	Date

The instructor's signature is needed so we can make sure that the student has made you aware of the accommodations that they will need throughout the semester.

Student Signature: _____ Date: _____

***I hereby give permission for the Office of Disability Services to discuss my accommodations with appropriate college officials. The information I given to faculty and staff will be used only to substantiate need for accommodations and the nature of the accommodations required.*

ODS staff: _____ Date: _____