LETTER OF ACCOMMODATION

550 E. Spring Street
P.O. Box 1609
Columbus, Ohio 43216-1609
(614) 287-2570

Date: January 9, 2013

Dear Instructor:

This letter certifies that the following student is officially registered with Disability Services:

STUDENT NAME: SAMPLE        ID: 1234567

Based on the documentation presented by the student, the following accommodations have been approved:

- Alternate Media-Audio
- Braille
- Double Time On Exams/Quizzes
- Notetaker Notebook
- Electronic copies of overheads/notes
- Use of scribe for Scantron sheets
- Tests/quizzes in audio format
- Use of Calculator
- Use of tape recorder in classroom
- Advocate with instructors
- Scribe
- JAWS
- Use of computer with spell check/grammar check during tests/quizzes
- Double Time In Writing Center

The providing of this letter by the student indicates they are requesting academic accommodations, which begin the date it is presented to you. The acceptance of this letter by the Instructor indicates an agreement to provide the necessary services and accommodations. The Instructor and student should discuss the methods in which the requested services and accommodations can be delivered. It is mutually agreed that the student needs to perform the essential functions of the class and meet the requirements of the class.

We appreciate your assistance in this collaborative effort to ensure that this student receives appropriate accommodations. If you wish to consult with a member of our staff, please feel free to contact us at 614-287-2570.

Sincerely,

The Disability Services Team

The information contained in this document is CONFIDENTIAL and should not be disclosed to a third party without the expressed written permission of the student (see A.D.A. Title 1 at 42 USC ss12112(d)(3) & (4);29 cfr ss 1630.14-1630 .16). Any questions should be referred to the Office of Disability Services.