BRANDMAN University Chapman University System

Disability Services
Faculty Notification Request Form

Year _____ Term_____ Campus _____

Name: _____ID#: _____

Address: _____

Phone #: _____Email: _____

Class: **F S J S Graduate**

I hereby request a continuation of the accommodations offered me through the office of Disability Services.

Student Signature_____ Date_____

1. I hereby authorize Brandman University to release information pertinent to my accommodations to **ONLY** the following faculty and staff during the above named semester:

Example: *Eng 104*	*Professor's Name*	*Professor's Email*