

Students with a Disability: Permission for Faculty Notification

Semester _____ Year _____

I grant permission to the GTU to notify the following faculty members (including advisors, course instructors, examiners, and/or committee members) of the accommodations GTU approved for me, in order that they may assist in the implementation of these accommodations to my disability.

Student Name Student Signature Date

Faculty Member	Role (Prof., Advisor)	Faculty Email	Course Number
1.			
2.			
3.			
4.			
5.			
6.			