

5155 Gullen Mall/1600 U.G.L. Detroit, Michigan 48202 313-577-1851 Office/313-202-4216 Video PH/313-577-4898 FAX

Name: [student|fullname] Student ID: [student|school_student_id]

This letter certifies that you have presented the necessary documentation to authenticate your disability. To equalize your chances for academic success, the following accommodations have been made:

[accessibility_request|accommodation]

TO PROFESSORS:

- Please note that if the student identified above requires testing accommodations, the student may need to take an exam or quiz at a time different than the class time due to conflict with another class time or SDS hours of operation.
- Disability Specialists are available to consult with program faculty to determine what, if any, reasonable accommodations can be implemented. Please reach out with questions or concerns.

Federal legislation mandates that the University provide reasonable accommodations that allow equal opportunity for all students. Establishing reasonable accommodations for students with disabilities involves shared responsibility between the students, faculty, and staff.

Wayne State University is in compliance with:

- Americans with Disabilities Act of 1990; PL-101-336
- Americans with Disabilities Amendments Act of 2008
- Section 504 Part E of the Rehabilitation Act of 1973, PL-93-112

Information contained in this document is confidential and should not be disclosed to a third party without the express permission of the student (see A.D.A. Title 1 at 42 USC ss 12112(d)(3) & (4); 29 cfr ss 1630.14-1630.16)

Please share this letter with each of your professors and have him/her sign the letter acknowledging these accommodations.

STUDENT SIGNATURE	_ DATE	
STAFF SIGNATURE	_ DATE	
FACULTY SIGNATURE	DATE	
Disability Specialist:	Contact Information:	
These accommodations end on		

These accommodations go into effect on the date faculty member signs the letter.