Valid for Term:

Dear Instructor,

You are receiving this letter to confirm the registration of **Students First & Last Name CBC ID#**, with the Office of Disability. Due to a documented disability, this student is eligible to receive specific academic accommodations in compliance with the Americans with Disabilities Act of 1990 and Section 504 of the Vocational Rehabilitation Act of 1973. Federal law requires that instructors/academic divisions make reasonable adjustments to accommodate the needs of students with disabilities in order to provide equal educational access. The following accommodations will be most appropriate for the student and we the Office of Disability, would like to work with you throughout the semester.

**Accommodations**
- Accommodation # 1
- Accommodation # 2

The Office of Disability Services is the official office on campus to make disability accommodation decisions. Students requesting accommodations related to a disability should bring the instructor a letter from disability services regarding classroom and testing accommodations needed for the semester. The Office of Disability encourages students to meet with their instructor at the beginning of each semester.

It is the student’s responsibility to meet with their instructor in a timely manner to discuss the enclosures outlining the provisions of their accommodations. The accommodations should not contradict the stated objectives and essential requirements of their course. Upon receiving this letter, you have a shared responsibility along with the student, to honor the accommodations listed above on behalf of Coastal Bend College.

If you have any questions or concerns, please feel free to contact me.

Thank you

Disability Coordinator

Confidentiality Notice: Office of Disability