

**Instructor Verification**

Student Name: \_\_\_\_\_ Acadia ID: \_\_\_\_\_

The Student named above is a student in your class and is registered with **Disability/Access Services**. By signing this form, it verifies that your student has met with you to discuss their particular disability and possible need for midterm and/or exam accommodations and has provided you with the **Information for Instructors** letter for your reference.

Date	Course & Section	Instructor Name	Signature

*\*Students with disabilities meet the same admissions standards as all other students\**

<http://admin.acadiau.ca/counsel/ASP/Welcome.html>