



NORTHWEST  
MISSISSIPPI COMMUNITY COLLEGE

**STUDENT REQUEST FOR FACULTY DISABILITY NOTIFICATION**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Campus Location \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Please send an email to each of the instructors listed below concerning my disability. I understand that this request and a copy of this email will become a part of my confidential academic file.

<u>Course</u>	<u>Instructor</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Please email information directly to my instructors.

\_\_\_\_\_ I will pick up the letters at the Disability Support Office (Tate Hall) and hand deliver to my instructors.

\_\_\_\_\_ Please send a copy of this letter to my advisor.  
Name \_\_\_\_\_

Yes ( ) No ( ) **Permission to disclose disability information to instructors.**

Yes ( ) No ( ) **Permission to discuss academic progress with parents without contacting the student.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or status as a veteran or disabled veteran in employment, programs, or provision of services. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act is coordinated by Mr. Gerald Beard, Disability Support Services Coordinator, Tate Hall, P.O. Box 5555, Highway 51 North, Senatobia, Mississippi 38668, telephone number 662-562-3309, email [gbeard@northwestms.edu](mailto:gbeard@northwestms.edu) .*